



Public Health
Prevent. Promote. Protect.

Clinton County Health Department

400 East Clinton Street, Frankfort, IN 46041

Phone: 765-659-6385 Fax: 765-659-6387



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Application for genealogy birth information

When requesting through the mail enclose a photocopy of your driver's license for identification purposes. A self-addressed stamped envelope is requested to return your genealogy sheet.

For birth information fill out the following

Today's Date _____

Name of Person _____

Date of Birth _____

Place of Birth _____

Relationship to person you are requesting _____

Applicant's Signature _____

Applicant's Address _____

\$2.00 Genealogy Search (per search) _____

Total Requested _____



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Application for genealogy death information

When requesting through the mail enclose a photocopy of your driver's license for identification purposes. A self-addressed stamped envelope is requested to return your genealogy sheet.

For death information fill out the following

Today's Date _____

Name of Person _____

Date of Death _____

Place of Death _____

Relationship to person you are requesting _____

Applicant's Signature _____

Applicant's Address _____

\$2.00 Genealogy Search (per search) _____

Total Requested _____

Mail Request to: Clinton County Health Department
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Frankfort, Indiana 46041