



Wayne County  
**HEALTH DEPARTMENT**

Where Caring Meets the Community

# Public Records Request

NAME: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

RECORD REQUEST TYPE: (CIRCLE ONE BELOW)

VITAL RECORDS

ENVIRONMENTAL RECORDS

MEDICAL RECORDS

Relevant information regarding records requested:

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\_\_\_\_\_  
Signature of Requester

**An incomplete form will not be processed.**

**Illegible forms will not be processed.**

All records found will be sent to the email provided. If we have questions, we will contact you via phone. Requests will be addressed in the order they are received.

**Completed forms should be emailed to [cstinson@co.wayne.in.us](mailto:cstinson@co.wayne.in.us)**