

WAYNE COUNTY HEALTH DEPARTMENT  
100 S. 5<sup>TH</sup> STREET  
RICHMOND, IN 47374  
765-973-9245

## BIRTH CERTIFICATE APPLICATION

RECORDS ARE AVAILABLE FOR BIRTHS THAT OCCURRED IN **WAYNE COUNTY ONLY**  
IF REQUESTED RECORD DID NOT OCCUR IN WAYNE COUNTY, NO REFUND WILL BE GIVEN

- INSTRUCTIONS:**
- 1) FEE- \$15.00 PER COPY
  - 2) SEND CHECK OR MONEY ORDER - DO NOT SEND CASH
  - 3) INCLUDE A STAMPED, SELF ADDRESSED ENVELOPE
  - 4) MUST INLUDE A COPY OF ACCEPTABLE ID (VALID DRIVER'S LICENSE IS PREFERRED)
  - 5) PROOF OF RELATIONSHIP REQUIRED (DOCUMENT LISTS FOR BOTH ARE ON OUR WEB SITE)
  - 6) PLEASE ALLOW 4-6 WEEKS FOR GENEALOGY, ALL OTHERS ARE PROCESSED WITHIN 48 HRS
  - 7) IDENTIFICATION ADDRESS MUST MATCH THE ADDRESS PROVIDED ON APPLICATON

TODAY'S DATE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RELATIONSHIP TO THIS PERSON \_\_\_\_\_

FULL NAME AT TIME OF BIRTH \_\_\_\_\_  
NEW NAME IF NAME WAS CHANGED THROUGH ADOPTION OR PATERNITY

MOTHER'S NAME (INCLUDE MAIDEN NAME) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

REASON FOR THIS CERTIFICATE \_\_\_\_\_

NUMBER OF COPIES NEEDED \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**REQUIRED: A PHOTOCOPY OF VALID PHOTO IDENTIFICATION**

**MAIL AND EMAILED REQUESTS MUST BE NOTIARIZED. SIGNATURE REQUIRED**

You may also email this form along with a scanned copy of your valid ID to: [aallen@co.wayne.in.us](mailto:aallen@co.wayne.in.us)  
and pay with a credit card which will include a small fee.

Subscribed and sworn to before me, the undersigned, a Notary Public, in and for said county this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_ who has produced \_\_\_\_\_  
(print name of person signed above) (type of ID)

Signature of Notary \_\_\_\_\_ My commission Expires \_\_\_\_\_

Printed Name of Notary \_\_\_\_\_ County of Residence \_\_\_\_\_

notary stamp

