WABASH COUNTY HEALTH DEPARTMENT

89 West Hill Street, Wabash, Indiana 46992
Phone: (260) 563-0661 x 1248 or 1283; (800) 286-3190; Fax: (260) 563-6082
David G. Roe, MD - Health Officer

WARNING: False application, altering, mutilating or counterfeiting an Indiana Birth Certificate is a Class D Felony under House Bill 113.

CASH or MONEY ORDER (made out to Wabash County Health Department) for **$15.00** per certified Birth Certificate.

NO BIRTH CERTIFICATE WILL BE ISSUED WITHOUT PROPER IDENTIFICATION

You must have a signed form of identification. If submitting by mail, you must send a **photocopy of your Driver's License**.

BIRTH INFORMATION – Please Print

FULL NAME AT BIRTH: _____ _____ _____
First Middle Last (***MAIDEN***)

DATE OF BIRTH: _____/_____/_____ **AGE:** _____ Now **BORN IN:** _____ Hospital _____ Home

WERE PARENTS MARRIED AT TIME OF BIRTH? _____ **Y** _____ **N**

FATHER: _____ _____ _____ **BIRTHPLACE:** _____
First Middle Last State

MOTHER: _____ _____ _____ **BIRTHPLACE:** _____
First Middle **MAIDEN** State

PRESENT INFORMATION – Please Print

PURPOSE FOR WHICH BIRTH CERTIFICATE IS TO BE USED:

BMV _____ PASSPORT _____ JOB _____ SCHOOL _____ SOCIAL SECURITY _____ PERSONAL RECORDS _____

Other (Specify) _____

Certified Birth Certificates are issued to the individual named above (if over 18), their parents, grandparents, siblings, spouse, children or guardian.

TODAY'S DATE: _____/_____/_____ **CONTACT TELEPHONE NUMBER:** (_____) _____

RELATIONSHIP TO ABOVE PERSON:

SELF _____ SPOUSE _____ PARENT _____ GRANDPARENT _____ BROTHER/SISTER _____ SON/DAUGHTER _____

OTHER (Specify) _____

PRINT NAME: _____ **SIGNATURE:** _____

ADDRESS: _____ _____ _____ _____
Street **City** **State** **Zip Code**

OFFICE USE ONLY

DRIVER'S LICENSE NUMBER: _____ OTHER FORM OF ID: _____

ADDRESS ON LICENSE: _____ Same _____ Other: _____