

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:** ____ **BORN IN:** ____ Hospital ____ Home
Now

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: _____