

**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 ONLY**  
(made out to the Wabash County Health Department)  
\$15.00 per 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 (X): Hospital \_\_\_\_ Home \_\_\_\_

WERE PARENTS MARRIED AT THE TIME OF BIRTH? Yes \_\_\_\_ No \_\_\_\_

FATHER: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_  
First Middle Last State

MOTHER: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_  
First Middle Last (MAIDEN) State

**PRESENT INFORMATION - Please Print**

**PURPOSE FOR WHICH BIRTH CERTIFICATE IS TO BE USED:**

BMV \_\_\_\_ Passport \_\_\_\_ Job \_\_\_\_ School \_\_\_\_ Social Security \_\_\_\_ Personal \_\_\_\_

Other (Specify): \_\_\_\_\_

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ CONTACT PHONE NUMBER: ( \_\_\_\_ ) \_\_\_\_\_

**RELATIONSHIP TO ABOVE PERSON:**

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

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 #: \_\_\_\_\_ EXP DATE: \_\_\_\_/\_\_\_\_ OTHER: \_\_\_\_\_

ADDRESS ON LICENSE: Same \_\_\_\_ Other: \_\_\_\_\_