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		Hospital Home			
WERE PARENTS MARRIED AT TIME OF BIRTH? Y N						
FATHER: First	Middle	Last	BIRTHPLACE: State			
Filst	Wilddie	Last	State			
MOTHER: First	Middle	MAIDEN	BIRTHPLACE: State			
			State			
PRES.	ENT INFORMAT	TON – <u>Please Print</u>				
PURPOSE FOR WHICH BIRTH CERTIFIC	CATE IS TO BE USE	D:				
BMV 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)						
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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		