



Miami County Health Department
12 S Wabash St.
Peru, IN 46870
765-473-0283

Genealogy Birth Record

Complete All Items

Identification Required

Date _____

Full name on birth record _____

Date of birth _____

Place of birth (city or hospital) _____

Father's full name _____

Mother's full MAIDEN name _____

Could this record be under any other name? No ___ Yes (give name) _____

Referring to line 1, is this person deceased? No ___ Yes (Date of Death) _____

What is the certificate to be used for? _____

Printed name of applicant _____

Signature of applicant _____

Mailing address _____

City, State, Zip _____

Phone number _____

Applying by Mail – Enclose a self-addressed stamped envelope, picture I.D., money order or cashier's check only (made out to Miami County Health Department)

Genealogy Search \$5.00 ____

Genealogy Information Sheet \$5.00 ____

Uncertified Birth Certificate \$10.00 ____

Certified Birth Certificate \$10.00 ____

WARNING: False application, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense under Indiana Code 19-37-1-12