

WABASH COUNTY HEALTH DEPARTMENT

79 West Main 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 guardia

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: _____