

WAYNE COUNTY HEALTH DEPARTMENT
100 S. 5TH STREET
RICHMOND, IN 47374
765-973-9245

BIRTH CERTIFICATE APPLICATION

RECORDS ARE AVAILABLE FOR BIRTHS THAT OCCURRED IN **WAYNE COUNTY ONLY**
IF REQUESTED RECORD DID NOT OCCUR IN WAYNE COUNTY, NO REFUND WILL BE GIVEN

- INSTRUCTIONS:**
- 1) FEE- \$15.00 PER COPY
 - 2) SEND CHECK, MONEY ORDER OR PAY ONLINE. DO NOT SEND CASH
 - 3) INCLUDE A STAMPED, SELF-ADDRESSED ENVELOPE
 - 4) MUST INCLUDE A COPY OF ACCEPTABLE ID (VALID DRIVER'S LICENSE IS PREFERRED)
 - 5) PROOF OF RELATIONSHIP REQUIRED (DOCUMENT LISTS FOR BOTH ARE ON THE WEB SITE)
 - 6) **PLEASE ALLOW 4-6 WEEKS FOR GENEALOGY, ALL OTHERS ARE PROCESSED WITHIN 48 HRS**
 - 7) IDENTIFICATION ADDRESS MUST MATCH THE ADDRESS PROVIDED ON APPLICATION

TODAY'S DATE _____ DATE OF BIRTH _____ RELATIONSHIP TO THIS PERSON _____

FULL NAME AT TIME OF BIRTH _____
NEW NAME IF NAME WAS CHANGED THROUGH ADOPTION OR PATERNITY

MOTHER'S NAME (INCLUDE MAIDEN NAME) _____

FATHER'S NAME _____

REASON FOR THIS CERTIFICATE _____

NUMBER OF COPIES NEEDED _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRINT NAME _____ SIGNATURE _____

REQUIRED: A PHOTOCOPY OF VALID PHOTO IDENTIFICATION

MAIL AND EMAILED REQUESTS MUST BE NOTARIZED. (SIGNATURE REQUIRED)

You may pay online for a small fee at www.co.wayne.in.us Email completed, notarized application along with a copy of your receipt and valid identification to adawson@co.wayne.in.us

Subscribed and sworn to before me, the undersigned, a Notary Public, in and for said county this _____ day of _____ 20 _____

By _____ who has produced _____
(Print name of person signed above) (type of ID)

Signature of Notary _____ My commission Expires _____

Printed Name of Notary _____ County of Residence _____

notary stamp

