

WAYNE COUNTY HEALTH DEPARTMENT

100 S. 5TH STREET
RICHMOND, IN 47374
765-973-9245 #2

BIRTH CERTIFICATE APPLICATION

Please note that a \$5.00 additional fee applies to all out-of-county certificates. We are unable to issue any records containing errors.

1. \$15 **each** certificate. Check or money orders are accepted. Do not mail cash.
2. Include a self-addressed, stamped envelope and copy of ID. (valid driver's license preferred)
3. If not listed on certificate, proof of relationship required.
4. Identification address must match application address or provide proof of new address.
5. All certificates are issued within 48 business hours. Genealogy could take up to 4 weeks.

TODAY'S DATE _____ DATE OF BIRTH ON CERTIFICATE _____ # OF COPIES _____

FULL NAME AT BIRTH _____

List your new legal name if it was changed for any reason other than marriage:

MOTHER'S NAME _____

At the time of this birth

FATHER'S NAME _____

REASON FOR THIS CERTIFICATE _____ PHONE NUMBER _____

ADDRESS _____

PRINT NAME _____

SIGNATURE _____

PHOTOCOPY OF VALID APPROVED IDENTIFICATION REQUIRED

MAILED AND EMAILED APPLICATIONS MUST BE SIGNED AND NOTARIZED

IF EMAILING, YOU MAY PAY ONLINE FOR A SMALL FEE AT: WWW.WAYNECOUNTYHEALTH.IN.GOV

EMAIL COMPLETED, NOTARIZED APPLICATION ALONG WITH ID AND PROOF OF PAYMENT TO:

ADAWSON@WAYNECOUNTYHEALTH.IN.GOV

NOTARY | State: _____ County: _____ Subscribed and sworn before me this _____ day
of _____, 20____, personally appeared _____

who proved to me with satisfactory evidence to be said person.

Notary Public Signature: _____ Commission Expires: _____

SEAL

