

**WAYNE COUNTY HEALTH DEPARTMENT**

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

**BIRTH CERTIFICATE APPLICATION**

There is a \$5.00 additional fee for all out-of-county births. We are unable to issue those containing errors.

1. \$15 each certificate. Check or money orders are accepted. Do not mail cash.
2. If mailing, 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 2 business days. Genealogy could take up to 4 weeks.

TODAY'S DATE \_\_\_\_\_ DATE OF BIRTH ON CERTIFICATE \_\_\_\_\_ # OF COPIES \_\_\_\_\_

FULL NAME AT BIRTH \_\_\_\_\_

Please list new name if legally changed by other than marriage

MOTHER'S NAME \_\_\_\_\_

At the time of this birth

FATHER'S NAME \_\_\_\_\_

REASON FOR THIS CERTIFICATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PRINT NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

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](http://WWW.WAYNECOUNTYHEALTH.IN.GOV)

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

[ADAWSON@WAYNECOUNTY.IN.GOV](mailto:ADAWSON@WAYNECOUNTY.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*

