

WAYNE COUNTY HEALTH DEPARTMENT  
100 S. 5<sup>TH</sup> 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 AVAILABLE 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 also pay online for a small fee at: [www.waynecountyhealth.in.gov](http://www.waynecountyhealth.in.gov) Email completed, notarized application along with a copy of your receipt and valid identification to: [adawson@waynecounty.in.gov](mailto:adawson@waynecounty.in.gov)

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 \_\_\_\_\_

