200 E. Berry St. ◆ Suite 360 ◆ Fort Wayne, IN 46802

Phone: (260) 449-7147 ◆ Fax: (260) 449-3015 ◆ www.allencountyhealth.com

WARNING: FALSE APPLICATION FOR, AND/OR ALTERING, MUTILATING, OR COUNTERFEITING AN INDIANA BIRTH CERTIFICATE IS A CRIMINAL OFFENSE UNDER IC 16-37-1-12

APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE

COMPLETE ALL INFORMATION BELOW:

1. Full Name at Birth:_____
   First Middle Last
2. Name after any legal changes or Court ordered Paternity:_____
3. Has this person ever been adopted? Yes☐ No☐
   If YES, give name after adoption here:_____
4. Gender:_____ 5. Date of Birth_____ 6. Age:_____
7. Place of Birth (Hospital or Home):_____
8. Full Name of Father: _____
9. Full Name of Mother Before Marriage:_____
10. If this is not your record, how are you related to person in item No. 1?_____
11. For what purpose will record be used?:_____
12. Your Signature:_____Phone Number:_____
13. Your Address:_____
    Street Address City State Zip:

_____ Quantity of Full Size - $15 per Certificate
***Non-refundable**
***Payable by cash or money order made payable to Fort Wayne-Allen County Dept. of Health**
***NO PERSONAL CHECKS**
***NOT RESPONSIBLE FOR CASH SENT IN MAIL**

Mail To:

Fort Wayne-Allen County Dept. of Health
Vital Records
200 E. Berry St. – Ste. 360
Fort Wayne, IN 46802

IDENTIFICATION REQUIRED

Photo Copy - Driver's License or State I.D.
Orders with NO ID will be returned

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Mailing Instructions -- Please select how you would like your documents mailed to you:
(NOTE: Regular U.S. Postal Service delivery will be utilized if nothing is marked below)
☐ Regular U.S. Postal Service (no additional cost)**
☐ Federal Express, Express Mail, Certified/Registered Mail or Priority Mail
(CIRCLE ONE -- if one of these secured methods is preferred to ensure delivery, an appropriate prepaid self-addressed envelope must be provided with this application.)
**We are not responsible for lost or undelivered mail sent via regular U.S. Postal Service.

FOR OFFICE USE ONLY: ID_____ RECEIPT NO._____

SEARCHED BY:_____ DATE:_____