



**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 - \$11 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

Phone: (260) 449-7147 Fax: (260) 449-3015

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: _____