

Vital Records Division • 200 E. Berry Street, Suite 360 • Fort Wayne, IN 46802

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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 GENEALOGICAL BIRTH RECORD

IDENTIFICATION MAY BE REQUIRED

Photo Copy – Driver's License or State I.D.

COMPLETE ALL ITEMS BELOW:

. Full Name at Birth:				
First		Middle	Last	
Date of Birth				
Place of Birth (Hospital or Home):			
Full Name of Father:				
Full Maiden Name of Mother:				
If this is not your record, how are	you related to person in item	#1 above?		
For what purpose will record be u	sed?:			
. Your Signature:		Phone Number:		
. Your Address:Street Ad				
Street Ad	dress	City	State Zip:	
YABLE BY: <u>CASH* OR MONEY</u>	ORDER NO PERSONAL	CHECKS *NOT RESPONSI	BLE FOR CASH SENT BY MAIL	
\$25 for 1-5 nam\$35 for 6-10 nam	ven if no records are lone searches mes searches		paid prior to search and i	
·	an 10 name searches			
	as been completed, you will then be able to sub	omit payment for avai	lable records.	
OR OFFICE USE ONLY:				
	SEARCHED BY:	DATE:		