



Vital Records Division ♦ 200 E. Berry Street, 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 (No Initials):
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: _____
(If adopted, list adoptive father) First Middle Last
9. Full Maiden Name of Mother: _____
(If adopted, list adoptive mother) First Middle Maiden Last Name
10. Relationship to person in No. 1? (If you are getting your own put "self"): _____
11. Reason for request? (ex. school, insurance, ID, records): _____
12. Your Signature: _____ Phone Number: _____
13. Your Address: _____
Street Address City State ZIP

Quantity of Full Size Requested (\$20 per Certificate)

*Non-refundable

*Payable by cash or money order made payable to: Allen County Dept. of Health

*NO PERSONAL CHECKS

*NOT RESPONSIBLE FOR CASH SENT BY MAIL

Mail To:

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

IDENTIFICATION REQUIRED (send copies if mailing in application)

Photo Copy of Driver's License or State I.D. (**Orders with NO ID will be returned**)

QUESTIONS: Phone: (260) 449-7147

MAILING INSTRUCTIONS:

Regular U.S. Postal Service delivery will be utilized unless a prepaid self-addressed envelope is provided with this application. Further, if no box is checked, USPS will be used as delivery method. Please select how you would like your documents mailed to you:

Regular U.S. Postal Service (No additional costs, **HOWEVER**, this method has no tracking or delivery confirmation, so we are not responsible for lost or undelivered mail sent via regular U.S. Postal Service if you choose this method. By checking this box you are confirming you understand we will not replace any items that you feel were undelivered since they are not trackable.

UPS, Express Mail, Certified/Registered Mail, or Priority Mail (NOTE: If one of these secured methods is preferred to ensure delivery, an appropriate PREPAID self-addressed envelope must be provided with this application.)

FOR OFFICE USE ONLY: ID _____ RECEIPT NO. _____

SEARCHED BY: _____ DATE: _____

Birth Application 5-1
Rev. 2/27/23; Rev. 8/16/23 9

Vital Records
Allen County Department of Health