

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:

Full Name at Birth (No Initials): First 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			
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	Maio	len Last Name
10: Relationship to person in No. 1? (If you are getting your o	own put "self"):		
11. Reason for request? (ex. school, insurance, ID, records):			
12. Your Signature:	Pho	Phone Number:	
13. Your Address:			
Street Address	City	State	ZIP
Quantity of Full Size Requested (\$20 per Certification)	ate)	Mail To:	
Quantity of Full Size Requested (\$20 per Certifica *Non-refundable *Payable by cash or money order made payable to: <u>All</u> *NO PERSONAL CHECKS *NOT RESPONSIBLE FOR CASH SENT BY MAIL		Allen County Vital Record 200 E. Berry	St. – Ste. 360
*Non-refundable *Payable by cash or money order made payable to: <u>All</u> *NO PERSONAL CHECKS	llen County Dept. of Health	Allen County Vital Record 200 E. Berry Fort Wayne,	s Division St. – Ste. 360
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Rev. 2/27/23; Rev. 8/16/23 9 Allen County Department of Health