

Wells County Application for Search & Certified Copy of Birth Record

PLEASE COMPLETE **ALL ITEMS** BELOW – Omissions could cause delays!

WARNING: False application, altering, mutilating, or counterfeiting Indiana Birth Certificates is a criminal offense under IC16-1-19-6.

In accordance with **Indiana Code 16-1-18**, requests for birth cert. must include the information below. A permanent record of this request must be kept on file.

FULL NAME OF CHILD AT BIRTH _____

Has this person ever been adopted? Yes _____ No _____ Could this Child be recorded under another name? _____

HOW ARE YOU RELATED TO THE ABOVE PERSON? _____

CHILD'S PLACE OF BIRTH (City) _____ (COUNTY) _____

CHILD'S DATE OF BIRTH _____ AGE NOW _____ MALE _____ FEMALE _____

FULL NAME OF CHILD'S FATHER _____ **STATE** OF BIRTH _____

FULL NAME OF CHILD'S MOTHER, INCLUDE MAIDEN NAME _____ **STATE** OF BIRTH _____

WHY DO YOU NEED THIS RECORD? (Please Circle) School/College Enrollment Insurance Travel Employment Social Security License/Permit
Public Assistance Personal Use Retirement/Pension Marriage License

HOW MANY FULL SIZE COPIES DO YOU WANT?(\$10.00 EACH) _____ HOW MANY WALLET SIZE? (\$10.00 EACH) _____

Wallet size **ONLY** available Laminated or in Protective Pouch (Please circle choice)

YOUR SIGNATURE _____ PHONE NO. _____

ADDRESS _____ CITY/STATE _____ ZIP _____ E-

MAIL ADDRESS _____

THANK YOU

FOR OFFICE USE ONLY:

BK. _____ PG. _____ Date Issued _____

Full Size Certificate # _____

Wallet Size Certificate # _____

FOR OFFICE USE ONLY:

Driver's License # _____

Expiration Date: _____ State _____

Other I.D. _____

Wells County Health Department
223 W. Washington Street
Bluffton, IN 46714
260-824-6489

APPLYING BY MAIL:

1. Complete Application (omissions will cause delays!) Applicants must be 18 years of age.
2. Send a photo copy of Identification, such as;
 - Valid Driver's License
 - Military I.D.
 - State Issued I.D. Card
 - Valid Passport
 - Department of Correction I.D., issued within past 6 months
 - School I.D. with signature and/or photo for current school year

If ***none*** of the above is available, we will accept ***two*** of the following documents; all must be current and valid.

- Employment I.D. with name, signature, photo, date of employment
- Health Insurance card with name (this includes Hoosier Healthwise)
- Bankcard with signature (not credit card)
- Voter Registration card with signature
- Previous year's tax return with signature and Social Security Card
- Marriage application/license issued by Clerk of Court with signatures
- Gun Permit with signature
- Expired Driver's License

NOTE: In the event your identification has been lost due to theft or fire we will accept a police or fire report.

A person who has no form of I.D. should have an immediate family member to apply. (Immediate family includes spouse, parent, grandparent, sibling, and child). Family members must be 18 years of age, and have proof of relationship and personal identification.

3. Return application, identification, payment (check, cash or money order - no third party checks) and self-addressed stamped envelope to above address. Request will be processed same day as received providing there are no omissions and or errors.

CASE MANAGERS and or ATTORNEY'S: Provide professional and personal I.D. as well as Release of Information Form from client.

TO EXPEDITE THIS REQUEST: Return all of the above by priority or overnight mail. Return envelopes of the same should be enclosed with the application and payment. ALL OVERNIGHT OR EXPRESS CHARGES IS THE APPLICANT'S RESPONSIBILITY. OR, apply on the web – www.vitalchek.com click on Indiana and then Wells County!