Wells County Health Department

223 W Washington Street Bluffton, IN 46714 * Phone: 260-824-6489 * Fax 260-824-8803 *
www.wellscounty.org/health

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 court ordered Paternity:_____

3. Has this person ever been adopted? Yes _____ No _____

4. Gender: _____ 5. Date of Birth_____ 6. Age:_____

7. Place of Birth (Hospital or Home):_____

8. Full Name of Father: _____

   Father's Birth State:_____

9. Full Name of Mother Before Marriage: _____

   Mother's Birth State:_____

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 City State Zip

How many Full Size? _____ How many Wallet Size?_____
$10.00 each $10.00 each/Laminated?

IDENTIFICATION REQUIRED: Photo Copy of Driver's License or State I.D.
Orders with NO ID will be returned.

Payment: Cash, check or money order payable to Wells County Health Dept.

Mailing Instructions: Please include a stamped, self-addressed envelope for return of your document. *If express delivery of your document is required, an appropriate prepaid self-addressed envelope must be provided with application.* We are **not** responsible for lost or undelivered mail sent via regular U.S. Postal Service.

FOR OFFICE USE ONLY: ID_____ TODAYS DATE:_____

CERTIFICATE # (S): Full _____ Wallet _____