

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:

 Full Nar 	ne at Birth:				
	First		Middle	Last	
2. Name a	fter any legal changes court or	dered Paternity:			
3. Has this	person ever been adopted?	Yes	No		
4. Gender	:5. Date	e of Birth	6. Age:		
7. Place of	Birth (Hospital or Home):				
3. Full Nar	ne of Father:				
Fa	ther's Birth State:				
). Full Nar	ne of Mother Before Marriage	:			
M	other's Birth State:				
10: If this is	s not your record, how are you	related to person i	n item No. 1?		
11. For wh	at purpose will the record be u	ised?			
12. Your Si	2. Your Signature:		Phone Number:		
13, Your A	ddress:				
	Street	City	State	Zip	
	How many Full Size?	Hov	w many Wallet Size?		
	\$15.00 each		\$15.00 each/Laminated?		
IDENT	IFICATION REQU	IRED: Photo	Copy of Driver's Licens	se or State I.D.	
	Orders with NO ID will be returned.				
Payment	Cash, check or money o	rder payable to	Wells County Health [Dept.	
	nstructions: Please incl	• •	•	•	
	t. <i>If express delivery o</i>	• •		•	
	d envelope must be prov	•	•		
	ed mail sent via regular U	• •		•	
FOR OFFICE	OR OFFICE USE ONLY: ID		TODAYS DATE:	·	
CEDTIEICAT	E # /\$\· Eull	Mallo+			
CERTIFICAT	E # (S): Full	Wallet			