

# 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](http://www.vitalchek.com) click on Indiana and then Wells County!