



DELAYED REGISTRATION OF BIRTH

State Form 5677 (R3 / 9-14)

INDIANA STATE DEPARTMENT OF HEALTH

State File Number

599469

1. NAME OF CHILD - FIRST Jacob		MIDDLE Tyler	LAST Ryan	
2. GENDER Male		DATE OF BIRTH (MM/DD/CCYY) May 31, 2008		
3. PLACE OF BIRTH (HOSPITAL, NUMBER, STREET, LOCATION) HOME BIRTH		CITY OR TOWN Indianapolis		
4. NAME OF PARENT - FIRST NOT LISTED		MIDDLE	LAST (BIRTH) Indianapolis	COUNTY Marion
7. NAME OF PARENT - FIRST Lauren Michelle Ryan		MIDDLE	LAST (BIRTH)	COUNTY INDIANA
8. BIRTH STATE/FOREIGN NOT SHOWN		5. BIRTH STATE/FOREIGN N/A		
9. DATE OF BIRTH (MM/DD/CCYY) 9/4/1974		8. BIRTH STATE/FOREIGN NOT SHOWN		
11. CHECK ONE: <input checked="" type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> PERSON WHOSE BIRTH IS BEING REGISTERED				
I AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I HAD PERSONAL KNOWLEDGE OF THE BIRTH AT THE TIME OF OCCURRENCE.				
CERTIFICATION OF APPLICANT PRINT NAME OF APPLICANT Lauren M. Ryan		SIGNATURE OF APPLICANT <i>Lauren M. Ryan</i>		
12. DATE (MM/DD/CCYY) 10/09/15		13. ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP) [REDACTED]		
AFFIDAVIT of REGISTRANT S-E-A-L		SUSCRIBED AND SWORN TO BEFORE ME ON (MM/DD/CCYY) 10/09/2015		
STATE OF Wisconsin) SS		
COUNTRY OF Wisconsin) SS		
MY COMMISSION EXPIRES (MM/DD/CCYY) 02/18/2014		SPECIAL DEPUTY / NOTARY PUBLIC <i>[Signature]</i>		
STATE USE ONLY - EVIDENCE SUBMITTED				
FACTS OF BIRTH	DATE OF BIRTH (MM/DD/CCYY) 5/31/2008	PLACE OF BIRTH Indianapolis, IN	Parent 1 NOT SHOWN	Parent 2 Lauren Michelle Ryan
DOCUMENT DESCRIPTION	14. Affidavit of witness of Birth from Julie Walton for Jacob Tyler Ryan			
FACTS OF BIRTH	DATE RECORDED (MM/DD/CCYY) 9/25/2015	PLACE OF BIRTH NOT SHOWN	DATE ISSUED (MM/DD/CCYY) 9/25/2015	Parent 1 NOT SHOWN
DOCUMENT DESCRIPTION	15. State of Illinois, Certificate of child health examination for Jacob Ryan			
FACTS OF BIRTH	DATE RECORDED (MM/DD/CCYY) 9/26/2013	PLACE OF BIRTH	DATE ISSUED (MM/DD/CCYY) 9/26/2013	Parent 1
DOCUMENT DESCRIPTION	16. DATE RECORDED (MM/DD/CCYY)			
STATE REGISTRAR ONLY	17. OFFICE OF VITAL RECORDS <i>J. Renee Scott</i> I CERTIFY THAT I HAVE EXAMINED THE DOCUMENTS REFERRED TO ABOVE, THAT THE ABSTRACT IS TRUE AND CORRECT. THE DOCUMENTS SHOW NO CHANGES OR ERASURES, AND APPEARS TO BE AUTHENTIC.			
18. DATE REGISTERED (MM/DD/CCYY) <i>10/30/2015</i>				
SIGNATURE OF REGISTRAR <i>Brian G. Conner</i> INDIANA STATE DEPARTMENT OF HEALTH				



THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

OCT 30 2015



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