

Jay County Health Department
504 West Arch Street
Portland, Indiana 47371
(260) 726-8080
Fax (260) 726-2220
jayvitalrecords@hotmail.com

HOW TO APPLY BY MAIL: Please read all instructions before completing application and returning. All 4 items must be in order to issue the certified copy. Should you have any questions please call at the number listed above.

- 1.) **Complete Application.** Omissions could cause delay.
- 2.) **Send a copy of valid I.D.** Preferably a copy of your drivers license-which must be valid with correct name and address (if not, please send another means of valid I.D. - suggestions are listed below). Valid means not expired or out of date.
 - copy of state issued ID – with correct name and address
 - copy of employment ID – must have photo, name, and signature
 - copy of school or college ID – must be for current year, have photo, name, & signature
 - buyers club ID – must have photo, name, & signature
 - Passport
 - Military ID
 - For other forms of identification please contact the office at the number above.

SOCIAL SECURITY CARDS ARE NOT ACCEPTED AS IDENTIFICATION

- 3.) **Please make money order or personal check payable to the Jay County Health Department.**
- 4.) **Send stamped, self-addressed envelope,** for the return of birth/death certificate(s).
- 5.) Case Managers and/or Attorneys must provide professional and personal ID as well as Release of Information Form from client.

THE CERTIFIED BIRTH/DEATH CERTIFICATE(S) WILL BE MAILED WITHIN 48 HOURS UPON RECEIPT PROVIDING THERE ARE NO OMISSIONS OR ERRORS.

TO EXPEDITE THIS REQUEST:

Follow the above instructions, return 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 APPLICANTS RESPONSIBILITY.

Jay County Health Department
504 West Arch Street
Portland, Indiana 47371
Office 260-726-8080 Fax 260-726-2220

WARNING: False application, altering, mutilating, or counterfeiting Indiana Birth Certificate is a criminal offense under IC 16-37-1-12.

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7 (i.e., photocopy of driver's license, work identification card, etc.). Birth requests sent without proper identification will be returned without processing. Please complete all items below as required pursuant to IC 16-37-1-10.

APPLICATION FOR SEARCH AND CERTIFIED COPY OF
CERTIFIED BIRTH RECORD
PLEASE COMPLETE ALL ITEMS BELOW.

Today's Date: _____ Birthday: _____
Place of Birth: _____
Name at Birth: _____
 Married (female only) Adopted Name Change
Name Presently Used: _____
Father's Name: _____
Father's Birthplace (state only): _____
Mother's Full Maiden Name: _____
Mother's Birthplace (state only): _____
Purpose for Use of Record: _____
Signature: _____
Relationship (to name on the record): _____
Applicant's Address: _____
Phone Number: _____

#Full Size (5x7) Copies \$8.00 each _____ #Wallet Size Copies \$8.00 each _____

For Office Use Only: Book# _____ Page# _____ Date Issued _____
Full Size Certificate# _____ Wallet Size# _____
Driver License# _____ Receipt# _____
 Attachment