

JAY COUNTY HEALTH DEPARTMENT
Vital Records Division
(260) 726-8080 Fax (260) 726-2220
504 West Arch Street
Portland, Indiana 47371
jayvitalrecords@hotmail.com

INSTRUCTION FOR GENEALOGY REQUEST & NON-CERTIFIED PRINTOUT

Our birth and death records do not start till 1882.

GENEALOGY REQUEST is not a mandated public health service; however, we do provide this service through our office at a charge of \$4.00 for each individual copy. Upon receiving the fee we will complete the request as time allows but within two weeks.

FEES:

Genealogy Request Fees.....\$4.00

(\$4.00 per request per name, for example; if you want a birth and death request for someone it will be a \$4.00 copy fee for Birth and a \$4.00 copy fee for Death for a total of \$8.00)

Upon completion of the request you will either receive a genealogy non-certified printout or a letter stating that we were unable to find the record that you were requesting.

RESEARCH PROCEDURE:

Without identification and full payment, record will not be released.

1. Complete Application. Omissions could cause delay.
2. **IDENTIFICATION IS REQUIRED** according to IC 16-37-1-7 (i.e., photocopy of driver's license, work identification card, etc.). For other forms of identification please contact the office.
3. Please make money orders or personal checks payable to the Jay County Health Department.
4. Enclose a self addressed stamped envelope.

Other Reference:

Jay County Public Library
315 North Ship St.
Portland, Indiana 47371
260-726-7890
www.jaycpl.lib.in.us

Jay County Historical Society
903 E. Main St.
Portland, Indiana 47371
260-726-7168
www.jaycountyhistory.org
Email: research@jaycountyhistory.org

Jay County Health Department

504 West Arch Street
Portland, Indiana 47371
Office 260-726-8080 Fax 260-726-2220

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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.). 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 GENEALOGY COPY OF
BIRTH OR DEATH RECORD**
PLEASE COMPLETE ALL ITEMS BELOW.

Birth: _____ Death: _____ Today's Date: _____

Name of Requested: _____

Date & Place of Birth: _____

Date & Place of Death: _____

Father's Name: _____

Mother's Full Maiden Name: _____

Signature: _____

Relationship to Requested: _____

Applicant's Address: _____

Phone Number: _____

For Office Use Only: Book# _____ Page# _____ Date Issued _____

Driver License# _____ Receipt# _____

Attachment