

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

## Instructions to apply for a Birth or Death Certificate by mail

Please read all instructions before completing application and returning. Instructions 1-4 must be completed to issue a 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.

- Copy of Driver's License with correct name and address
- Copy of state issued ID with correct name and address
- Copy of Passport with correct name
- Military ID with correct name
- For other forms of identification please contact the office at the number above.

3.) Please make money order or personal check payable to the Jay County Health Department. If paying with a personal check the driver's license number or Social Security number of person signing check has to be wrote on the check.

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 PROCESSED AND MAILED WITHIN 48 HOURS UPON RECEIPT PROVIDING THERE ARE NO OMISSIONS OR ERRORS.

### **TO EXPEDITE THIS REQUEST:**

Follow instructions 1-4 and mail your request priority or overnight by using a carrier or postal service.

**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

**APPLICATION FOR SEARCH AND CERTIFIED COPY OF BIRTH RECORD**  
**Birth Records begin 1882**

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

To be completed by individual making a request to obtain a certified copy of a vital record. According to Indiana Code 16-37-1-7 and 8 (**IDENTIFICATION IS REQUIRED**) the following information is required to obtain a certified copy of any vital record. Acceptable forms of I.D.: Driver's License, State Issued Identification, Military Identification or Passport. If you don't have one of these identifications then contact the Health Dept for other acceptable identifications.

Please read and **COMPLETE ALL ITEMS** below as required pursuant to IC 16-37-1-10. Birth requests sent without proper identification will be returned without processing.

1. Full Name at Birth: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_
2. Has this person been adopted? Yes \_\_\_\_ No \_\_\_\_ New Name: \_\_\_\_\_
3. Has name been changed? Legally \_\_\_\_ Married \_\_\_\_ New Name: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_
5. Father's full name: \_\_\_\_\_  
If adopted, give adoptive father's name: \_\_\_\_\_
6. Mother's full name before marriage: \_\_\_\_\_  
If adopted, give adoptive mother's name: \_\_\_\_\_
7. Birthplace of father (state only): \_\_\_\_\_ Birthplace of mother (state only) \_\_\_\_\_
8. Your relationship to person whose birth records you are requesting? \_\_\_\_\_
9. Purpose for which record is to be used: \_\_\_\_\_

Your Name (**PLEASE PRINT**): \_\_\_\_\_ Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Regular 5x7 size (\$8.00 each) \_\_\_\_\_ Wallet size (\$8.00 each) \_\_\_\_\_

FOR LOCAL OFFICE USE

Book #: \_\_\_\_\_ Page #: \_\_\_\_\_ ID#: \_\_\_\_\_

Certificate # (Regular): \_\_\_\_\_ Driver's License: \_\_\_\_ State ID: \_\_\_\_ Passport: \_\_\_\_

Certificate # (Wallet): \_\_\_\_\_ Military ID: \_\_\_\_ Other: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Attachment: \_\_\_\_\_