

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

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) _____

Book #: _____ Page #: _____ ID#: _____

Certificate # (Regular): _____ Driver's License: ____ State ID: ____ Passport: ____

Certificate # (Wallet): _____ Military ID: ____ Other: _____

Date Issued: _____ Receipt #: _____ Attachment: _____