

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 DEATH RECORD
Death 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. Death requests sent without proper identification will be returned without processing.

1. Full Name of Decedent: _____ Gender: M _____ F _____
2. Date of Death: _____ Place of Death: _____
3. Your relationship to Decedent: _____

Proof of relationship may be required before issuance of Death Certificate

4. Purpose for which record is to be used: _____

IF YOU ARE NOT RELATED TO THE DECEASED ADDITIONAL DOCUMENTATION IS
REQUIRED TO PROVE DIRECT INTEREST.

Your Name (**PLEASE PRINT**): _____ Date: _____

Your Signature: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Number of Copies (\$8.00 each) _____

FOR LOCAL OFFICE USE

Date Issued: _____ ID#: _____

Certificate #: _____ Driver's License: ___ State ID: ___ Passport: ___

Receipt #: _____ Military ID: ___ Other: _____

Attachment: _____