

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



Public Health
Prevent. Promote. Protect.

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
 - Copy of state issued ID with correct name
 - Copy of Passport with correct name
 - Military ID with correct name
 - For other forms of identification please contact the Health Department
- 3.) Please make money order or personal check (must have driver's license or social security number on it) payable to the Jay County Health Department.
- 4.) Send **self-addressed stamped envelope**, for the return of birth/death certificate(s).
- 5.) Case Managers and/or Attorneys must provide professional and personal ID as well as proof of direct interest of the record.

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 W. Arch St., Portland, IN 47371
260-726-8080 Phone 260-726-2220 Fax



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APPLICATION FOR CERTIFIED BIRTH CERTIFICATE (Birth Records begin 1882)

**16-37-1-8 Indiana Vital Statistics law requires that a Health Officer may only issue a certified copy if he/she is satisfied by the applicant's direct interest in the record.

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

The following items must be submitted with request to avoid delays:

- PHOTO COPY OF CURRENT PICTURE ID: IC 16-37-1-8 (If you don't have a current ID card then contact the Health Department for other acceptable identifications.)
- \$15.00 (PER CERTIFICATE) MONEY ORDER/CASHIER'S CHECK OR PERSONAL CHECK (MUST HAVE DRIVER'S LICENSE OR SOCIAL SECURITY NUMBER ON IT).
- SELF ADDRESSED STAMPED ENVELOPE

ADOPTED? YES or NO

LEGAL CHANGES OR COURT ORDERS? YES or NO

NAME AT BIRTH: _____

NAME AFTER LEGAL CHANGES: _____

DATE OF BIRTH: _____ MALE or FEMALE

FATHER: _____ STATE OF BIRTH _____

MOTHER: _____ STATE OF BIRTH _____

MOTHER'S MAIDEN NAME: _____

RELATIONSHIP TO RECORD REQUESTED: _____

****PROOF OF RELATIONSHIP MAY BE REQUIRED BEFORE ISSUANCE**

PURPOSE FOR REQUESTING RECORD: _____

CURRENT MAILING ADDRESS: _____

PHONE NUMBER: _____

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

Regular 5X7 size (\$15.00 each) _____ Wallet size (\$15.00 each) _____ Cash or check only, NO CARDS accepted

FOR OFFICE USE ONLY

Book#: _____ Page#: _____ ID# _____

Certificate# (Regular) _____ Expire Date: _____

Certificate# (Wallet) _____ Attachment: _____

Date Issued: _____ Receipt#: _____