

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. 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 APPLICANT'S RESPONSIBILITY.**

Jay County Health Department
504 W. Arch St., Portland, IN 47371
260-726-8080 Phone 260-726-2220 Fax



Public Health
Prevent. Promote. Protect.

APPLICATION FOR CERTIFIED DEATH CERTIFICATE (Death 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

NAME OF DECEDENT: _____

DID THE DECEDENT DIE IN JAY COUNTY: YES or NO

DATE OF DEATH: _____ MALE or FEMALE

PURPOSE FOR REQUESTING RECORD: _____

YOUR NAME: _____

RELATIONSHIP TO RECORD REQUESTED: _____

****PROOF OF RELATIONSHIP OR ADDITIONAL DOCUMENTATION TO PROVE DIRECT INTEREST
MAY BE REQUIRED BEFORE ISSUANCE**

CURRENT MAILING ADDRESS: _____

PHONE NUMBER: _____

PRINTED NAME: _____ DATE: _____

SIGNATURE: _____

NUMBER OF COPIES (\$15.00 each) _____ Cash or check only, NO CARDS accepted

FOR OFFICE USE ONLY

Certificate #: _____ ID# _____

Date Issued: _____ Expire Date: _____

Receipt#: _____ Attachment: _____