

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)



Public Health  
Prevent. Promote. Protect.

INSTRUCTION FOR NON-CERTIFIED COPY OF A DEATH CERTIFICATE

**Our death records do not start till 1882**

**NON CERTIFIED COPY** is not a mandated public health service; however, we do provide this service through our office at a charge of **\$5.00 for each individual copy**. Upon receiving the fee, we will complete the request as time allows but with-in two weeks. Upon completion of the request, you will either receive a genealogy non-certified printout or a letter stating that we were unable to find the record that you were requesting.

**FEES: CASH, MONEY ORDER/CASHIER'S CHECK OR PERSONAL CHECK (MUST HAVE DRIVER'S LICENSE OR SOCIAL SECURITY NUMBER ON IT), NO CARDS accepted.**

Genealogy Research Fees.....\$5.00  
\$5.00 per research per name, for example; if you want a birth and death research for someone it would be 10.00

Upon completion of the research, you will either receive a genealogy non-certified printout or a letter stating that we were unable to find the record that you were requesting.

**RESEARCH PROCEDURE:**

- 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).

Other Reference:

Jay County Public Library  
315 North Ship St.  
Portland, Indiana 47371  
260-726-7890  
[www.jaycpl.lib.in.us](http://www.jaycpl.lib.in.us)

Jay County Historical Society  
903 E. Main St.  
Portland, Indiana 47371  
260-726-7168  
[www.jaycountyhistory.org](http://www.jaycountyhistory.org)  
Email: [research@jaycountyhistory.org](mailto:research@jaycountyhistory.org)

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



Public Health  
Prevent. Promote. Protect.

**APPLICATION FOR *GENEALOGY* COPY OF BIRTH OR DEATH RECORDS**

**Our birth and death records do not start till 1882**

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

**GENEALOGY** is not a mandated public health service; however, we do provide this service through our office at a charge of **\$5.00 for each individual copy if getting both birth and death the total would be \$10.00.** Upon receiving the application, identification and fee, we will complete the request as time allows but with-in two weeks. Upon completion of the request, you will either receive a genealogy non-certified printout or a letter stating that we were unable to find the record that you were requesting. There will be no in person review of records.

**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.)
- \$5.00 (PER COPY) CASH, MONEY ORDER/CASHIER'S CHECK OR PERSONAL CHECK (MUST HAVE DRIVER'S LICENSE OR SOCIAL SECURITY NUMBER ON IT), NO CARDS accepted.
- SELF ADDRESSED STAMPED ENVELOPE

**Record Requesting: BIRTH or DEATH or BOTH (circle one)**

Name of Requested: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

\$5.00 each: \_\_\_\_\_ Cash or check only, NO CARDS accepted

**FOR LOCAL OFFICE USE**

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

Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Attachment: \_\_\_\_\_