

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

HOW TO APPLY BY MAIL: Please read all instructions before completing application and returning. All 4 items must be in order to issue the 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.** Preferably a copy of your drivers license-which must be valid with correct name and address (if not, please send another means of valid I.D. - suggestions are listed below). Valid means not expired or out of date.
 - copy of state issued ID – with correct name and address
 - copy of employment ID – must have photo, name, and signature
 - copy of school or college ID – must be for current year, have photo, name, & signature
 - buyers club ID – must have photo, name, & signature
 - Passport
 - Military ID
 - For other forms of identification please contact the office at the number above.

SOCIAL SECURITY CARDS ARE NOT ACCEPTED AS IDENTIFICATION

- 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 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 CERTIFICATE(S) WILL BE MAILED WITHIN 48 HOURS UPON RECEIPT PROVIDING THERE ARE NO OMISSIONS OR ERRORS.

TO EXPEDITE THIS REQUEST:

Follow the above instructions, return by priority or overnight mail. Return envelopes of the same should be enclosed with the application and payment. **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

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

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7, (i.e., photocopy of driver's license, work identification card, etc.). **DO NOT SEND ORIGINALS IN THE MAIL.** Death records requests sent without proper identification will be sent back to the requester without processing. Please complete all items below as required pursuant to IC 16-37-1-10.

APPLICATION FOR SEARCH AND CERTIFIED COPY OF
CERTIFIED DEATH RECORD
PLEASE COMPLETE ALL ITEMS BELOW.

Today's Date: _____

Name of deceased: _____

Date of Death: _____

Place of Death: _____ City: _____ County: _____

Date of Birth of Deceased: (if know): _____

Name of Father: _____

Mother's Full Maiden Name: _____

Purpose for Which Record is Requested: _____

Signature: _____

Relationship to Deceased: _____

Applicant's Address: _____

Phone Number: _____

of Copies \$8.00 each: _____

.....
For Office Use Only: Book# _____ Page# _____ Date Issued _____

Certificate # _____ Receipt# _____

Driver License# _____

Attachment