

JAY COUNTY HEALTH DEPARTMENT
Vital Records Division
(260) 726-8080 Fax (260) 726-2220
504 West Arch Street
Portland, Indiana 47371
jayvitalrecords@hotmail.com

**INSTRUCTION FOR GENEALOGY RESEARCH & NON-CERTIFIED
PRINTOUT**

Our birth and death records do not start till 1882.

GENEALOGY RESEARCHES are not a mandated public health service; however, we do provide this service through our office at a charge of \$4.00 for each individual research. Upon receiving the fee we will complete the research as time allows but within two weeks.

FEES:

Genealogy Research Fees.....\$4.00

(\$4.00 per research per name, for example; if you want a birth and death research for someone it will be a \$4.00 research fee for Birth and a \$4.00 search fee for Death for a total of \$8.00)

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:

Without identification and full payment, record will not be released.

1. **Complete Application.** Omissions could cause delay.
2. **IDENTIFICATION IS REQUIRED** according to IC 16-37-1-7 (i.e., photocopy of driver's license, work identification card, etc.). For other forms of identification please contact the office.
3. **Please make money orders or personal checks payable to the Jay County Health Department.**
4. **Enclose a self addressed stamped envelope.**

Other Reference:

Jay County Public Library
315 North Ship St.
Portland, Indiana 47371
260-726-7890
www.jaycpl.lib.in.us

Jay County Genealogy Society
109 South Commerce St.
Portland, Indiana 47371
260-726-4323
www.rootsweb.com
Email: jaycogen@jayco.net

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

GENEALOGY SEARCHES are not a mandated public health service; however, we do provide this service through our office at a charge of \$4.00 for each individual search. Upon receiving the fee we will complete the search as time allows but within two weeks. 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.

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.). Birth requests sent without proper identification will be returned without processing. Please complete all items below as required pursuant to IC 16-37-1-10.

**APPLICATION FOR SEARCH AND GENEALOGY COPY OF A
BIRTH RECORD**
PLEASE COMPLETE ALL ITEMS BELOW.

Today's Date: _____ Birthday: _____
Place of Birth: _____
Name at Birth: _____
 Married Adopted Name Change
Name Presently Used: _____
Father's Name: _____
Father's Birthplace: _____
Mother's Full Maiden Name: _____
Mother's Birthplace: _____
Purpose for Use of Record: _____
Signature: _____
Relationship: _____
Applicant's Address: _____
Phone Number: _____

.....
For Office Use Only: Book# _____ Page# _____ Date Issued _____
Driver License# _____ Receipt# _____
 Attachment Genealogy

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

GENEALOGY SEARCHES are not a mandated public health service; however, we do provide this service through our office at a charge of \$4.00 for each individual search. Upon receiving the fee we will complete the search as time allows but within two weeks. 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.

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 GENEALOGY COPY OF A 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: _____

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

Driver License# _____ Receipt# _____

Attachment Genealogy