



ST. JOSEPH COUNTY
DEPARTMENT OF HEALTH
Prevent. Promote. Protect.

APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

ST. JOSEPH COUNTY DEPARTMENT OF HEALTH
8TH FLOOR COUNTY-CITY BUILDING, 227 WEST JEFFERSON BOULEVARD
SOUTH BEND, INDIANA 46601-1870
PHONE: 574-235-9750 option 3 FAX: 574-235-9960

GENEALOGY

Records for St. Joseph County did not start until 1882. However, it was not a law to record a birth or a death in Indiana until 1907. What this means for your search is that records between 1882 and October 1907 are questionable if they are actually documented.

We are able to search death records and birth records (for birth records only, the records have to be 100 years old or older for genealogy purposes). Please supply our office with the names you are searching along with the date of birth (for birth records) or date of death (for death records). If you know the location in St. Joseph County, please specify.

There is a search fee of \$25 for one to five names (if we locate the record or not) for records prior to 1955. After we have examined our records, we will notify you if the record has been found or if we were unable to locate the document. To obtain the record there is a charge of \$20 per document (the \$25 search fee must be a separate payment).

Typically, we are able to perform the search when we receive your request, but depending on our staffing or workload, it may take a couple of days.

FORMS OF PAYMENT:

(faxed requests are not accepted)

NO PERSONAL CHECKS

IN-OFFICE REQUESTS: Cash, Credit/Debit (Visa, MasterCard, Discover), Money Order/ Cashier's Check
(made payable to St. Joseph County Department of Health)

MAIL REQUESTS: Money Order/ Cashier's Check ONLY (made payable to St. Joseph County Department of Health)

PLUS: \$3 mail fee per request, if receiving by mail

Non-refundable/non-transferable charges: Once fees have been paid, they are non-refundable and non-transferable. We are not responsible for lost or undelivered mail.

RECORD FOR: Birth or Death

HOW MANY COPIES: _____

Name on birth record: _____

Date to search: _____ **Place of event:** _____

If you have the BOOK and PAGE number, we will waive the search fee.

Book Number: _____ Page Number: _____

Signature of applicant: _____

Mailing address: _____

City, State, Zip: _____

Phone number: _____ Alternative number: _____

Date: _____ Transaction# _____
Amount: _____ Tender: CHG CHK Cash

Office Use Only