



## APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

ST. JOSEPH COUNTY DEPARTMENT OF HEALTH  
8<sup>TH</sup> 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 75 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 \$10 for one to six 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 \$10 search fee has to 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)

**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