



Eddie D. Melton
Mayor, City of Gary

CITY OF GARY
HEALTH & HUMAN SERVICES

Ellis Dumas III
Chief of Staff

Dr. Janet Seabrook, MD, MBA
Health Commissioner

Veronica Collins Ellis, MPA
Executive Director

MAIL FORM

YOUR REQUEST FOR A BIRTH/DEATH CERTIFICATE CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION

1. Name listed on birth/death record _____
2. Date of birth/death _____ * Parents name _____
3. Relationship to person on birth/death certificate
 - a. ___ Self
 - b. ___ Parent to person named on record
 - c. ___ Grandparent (include a copy of your child's birth certificate to prove relationship)
 - d. ___ Spouse of person named on birth certificate (include a copy of your marriage license to prove relationship)
 - e. ___ Legal guardian of person named on record (include original legal guardianship papers with raised court seal)
 - f. ___ Sibling over 21 years of age (include a copy of your own birth certificate to prove relationship)
 - g. ___ Adult child/grandchild/ (include a copy of your and/or parent, and/or grandparent's birth certificate to prove relationship)
 - h. ___ Aunt/Uncle (must show proof of relationship)
 - i. ___ agencies (must have written request on letterhead along with copy of ID)
4. Name corrections are \$35
 - a. If you change one letter in your birth name see Attachment A
 - b. For name changes a Court Order is needed
5. Current copy of photo ID
 - a. See Attachment B if Photo ID is expired
6. Daytime phone number _____
7. Money order for \$15 for birth certificates/\$12 for death certificates made out to the Gary Health Department
8. Self-addressed envelope with your complete address

Mail all information to:

GARY HEALTH DEPARTMENT
1145 W. 5TH AVENUE
GARY, IN 46402

*Needed for Birth Certificates only