DeKalb County Health Department
Prevent • Protect • Promote

LISA GONZALEZ, PUBLIC HEALTH ADMINISTRATOR
and LOCAL REGISTRAR
2550 N. ANNIE GLIDDEN ROAD
DEKALB, IL 60115
PHONE: 815-758-6673 / FAX: 815-748-2485
HOURS: 8:00 AM-12:00 PM / 1:00 PM–4:30 PM M-F
Email: birth&deathrecords@dekalbcounty.org
Visit us at www.dekalbcountyhealthdepartment.org

BIRTH CERTIFICATE REQUEST

of Copies Requested _____ Today's Date _____

First Certified Copy is $16.00; each additional certified copy of same birth, requested at the same time is $8.00. *CURRENT PHOTO ID REQUIRED.*

Name on Birth Certificate _____ _____ _____
First Name Middle Name Last Name

Date of Birth _____ Place of Birth _____
City, Town or Village

Full Maiden Name of Mother _____ _____ _____
First Name Middle Name Last Name (Maiden)

Full Name of Father _____ _____ _____
First Name Middle Name Last Name

I, the undersigned do hereby certify that as the person whose record is sought, or as the parent, guardian, or legal representative of the person, am legally entitled according to the Illinois State Statute (Vital Records Act) to receive the requested certified copy.

Person Requesting Copy _____ _____ _____
First Name Middle Name Last Name

Relationship _____Phone # _____ Email_____

Address _____

City _____ State _____ ZIP _____

**** _____ ****

*****Signature of Person Requesting Copy*****

REQUESTS BY MAIL MUST ACCOMPANY PAYMENT AND A COPY OF YOUR CURRENT PHOTO ID

FOR OFFICE USE ONLY:

Form of ID _____ Number on ID _____

Expiration Date _____ Personally known to _____

Registration # _____ Searchers Initials _____