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** ____________________