

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 Middle Last

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

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

Full Name of Father _____
First Middle Last

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) receive the requested certified copy

Person Making Request _____
First Middle Last

Relationship to person on Birth record _____

Phone # _____ Email _____

Address _____ City _____ State _____ Zip _____

SIGNATURE _____

Form of ID _____ **Number on ID** _____

Expiration _____ **Researcher** _____

Check # _____ \$ _____

State File # _____ **Pymnt Method** Cash \$ _____ Credit Card \$ _____

For Office Use Only