

APPLICATION FOR SEARCH OF A BIRTH RECORD

FULL NAME: _____
FIRST MIDDLE LAST (MAIDEN)

PLACE OF BIRTH: _____ SEX: _____

DATE OF BIRTH: _____
MONTH DAY YEAR

FATHER: _____ MOTHER (MAIDEN): _____

APPLICATION MADE BY:

MAIL COPY TO:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

STATE: _____ ZIP: _____

STATE: _____ ZIP: _____

PHONE NUMBER OR EMAIL ADDRESS: _____

YOUR RELATIONSHIP TO THE PERSON: _____

INTENDED USE OF CERTIFICATE: _____

NUMBER OF COPIES: _____ AMOUNT ENCLOSED: _____

The fee for a SEARCH of birth record files is \$14.00. If the record is found, one certified copy will be furnished without further cost. Additional copies of the same record issued at the same time are \$5.00 each. **Please include a copy of your Driver's License or State issued photo I.D. with your request.**

Please make checks payable to: Iroquois County Clerk

Mail or return form to: Breein B. Suver
Iroquois County Clerk
1001 E. Grant St
Watseka, IL 60970

I, the undersigned applicant, swear or affirm that I have completed the foregoing application for a certified copy of a Vital Record and that my relationship to the individual whose name appears in the record requested is correct as stated in said application.

Signature of Applicant

Date

Please do not mark below this line-Office use only.

Certification # _____

Date: _____

No record found: _____

Initials: _____