

APPLICATION FOR CERTIFICATE OF BIRTH RECORD

Number of copies requested _____ The fee is **\$14.00** for the first copy and **\$2.00** for each additional copy of the same record **ordered at the same time.**

Please PRINT Information

Full Name at Birth: _____
First Middle Last

Date of Birth: _____ / _____ / _____ Sex: _____ M _____ F
Month Day Year

Place of Birth: _____
Hospital, City or Town, County

Father/Co-Parent's Name: _____
First Middle Last Name on **your** Birth Certificate

Mother/Co-Parent's Name: _____
First Middle Last Name on **your** Birth Certificate

I do hereby certify that as said party, parent, guardian or legal representative, I am legally entitled according to the Illinois Compiled Statutes (410 ILCS 535/25) to receive the requested copy.

Print Your Name

Street Address Apt.

City State Zip

Signature of Person Making this Application

Relationship to Person on Document

Phone Number E-mail Address

ACCEPTABLE FORMS OF VALID IDENTIFICATION TO RECEIVE RECORDS:

- | | |
|------------------------------------|---------------------------------|
| Illinois Drivers License | Out-of-State Drivers License |
| Illinois State Identification Card | U.S. Naturalization Certificate |
| U.S. Military Identification Card | U.S. Immigration Card |
| Selective Service Card | U.S. Passport |

TO RECEIVE BIRTH CERTIFICATES BY MAIL:

Please fill out the request form completely and send it along with a Photocopy of a current and valid acceptable form of identification (listed above) and a check or money order made payable to the **DuPage County Clerk** (\$14.00 for the first copy and \$2.00 for each additional copy of the same record) to:

MAIL COPY TO (if other than applicant):

Name

Street Address Apt.

City State Zip

**JEAN KACZMAREK
 DU PAGE COUNTY CLERK
 P.O. BOX 1028
 WHEATON, IL 60187
 630-407-5500
www.dupagecounty.gov/CountyClerk**

For Office Use Only:

NAME	CASH / CREDIT / CHECK #	AMOUNT \$	INITIALS
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