

APPLICATION FOR CERTIFICATE OF BIRTH RECORD

A certified copy of a birth record is available at NO COST to persons born in DuPage County who are verified as one of the following: A) Homeless; B) Residents of shelters for victims of Domestic Abuse/Violence; C) A person released within the last 90 days from the Illinois Department of Corrections (IDOC) and/or D) A current inmate or detainee who will be released within the next 90 days from IDOC.

A status certification MUST be completed by an agent or agency to confirm that the requester is ELIGIBLE for a free birth certificate, and MUST be submitted with the request.

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	

SPECIAL NOTICE TO THE APPLICANT OF THIS BIRTH RECORD REQUEST FORM

Pursuant to §410 ILCS 535/25(4)(b), "a certified copy of a birth record is ONLY available to persons with a direct and tangible interest in the record, such as one's self, parent, guardian or legal representative. Anyone who willfully and knowingly uses or attempts to use any certificate and/or certification for the purposes of deception is guilty of a Class 4 Felony, as outlined in §410 ILCS 535/27(c)(f), which is punishable by up to three years in prison.

_____	_____
Print Your Name	Signature of Person Making this Application
_____	_____
Street Address _____ Apt.	Relationship to Person on Document
_____	_____
City _____ State _____ Zip _____	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 forms completely and send both along with a Photocopy of a current and valid acceptable form of identification (listed above)

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

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STATUS CERTIFICATION - MUST BE COMPLETED BY VERIFYING AGENT

This Status Certification is provided for the listed Agent or Agency to indicate and confirm the named individual's status at the time of the included Birth Record application. This Status Certification **MUST** accompany the Birth Record application for any Free Birth Records requests.
Finally, this Status Certification entitles the requestor to a single Free Birth Record.

Date Certification Submitted Above

First Name of Birth Record Requestor Above

Last Name of Birth Record Requestor Above

To the Honorable Clerk of DuPage County, please accept this Status Certification to verify that the above listed individual should qualify for a FREE Birth Certificate because either the individual her or himself, or the child listed on this form currently belongs to one (or more) of the following required categories, as set forth in Illinois & DuPage County law: (please select ALL which apply)

_____ **Homeless** - Must be Verified by an Agent or Agency

_____ **Survivor of Domestic Abuse** - Currently Living in Shelter

_____ **Released from IDOC or CCDOC** in past 90 days

_____ **Incarcerated in IDOC** but released in 90 days

My relationship to the above-listed individual, who is requesting a Free Birth Record is: (please select ALL which apply)

Homeless Service Agency receiving Federal, State, County, or Municipal funding to provide those or similar services.

Sanctioned by a local continuum of care

Attorney licensed to practice in the State of Illinois (must include Attorney Registration Disciplinary Commission Information below)

Liaison for the Homeless with a Public School system, OR, **Social Worker** who works with the Homeless

Human Services Provider funded by the State of Illinois to service the Homeless or Runaway youth individuals w/ mental illness or addictions

Staff Member who works with a Domestic Violence Shelter

Staff Member who services a Human Service Agency or Government Office that assists the recently or presently Incarcerated

Other please explain: _____

VERIFYING AGENCY/AGENT INFORMATION BELOW:

Verifying Agency or Agent Name

Telephone Number of Verifying Agency/Agent

Mailing Address with Street Number, Name, City, State & Zip Code

Federal Tax Identification Number or ARDC Number for Attorney

Email Address of Verifying Agent

I, the below listed verifier, do now swear or affirm that I am a representative of the above-referenced Agency, and that the above-listed applicant is in fact an individual who meets the requirements for this waiver application for a Free Birth Record. I also understand that providing false information on this form could subject me to prosecution for perjury as outlined in Illinois law.

Printed Name of Verifying Agent/Agency Employee

Signature of Verifying Agent/Agency Employee

Date Signed by Agent/Agency Employee

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