

\$20.00 fee for 1st copy, \$6.00 each for additional copies

APPLICATION FOR CERTIFICATION OF BIRTH RECORD

Full Name at Birth: _____

Date of Birth: _____

Father's Name: _____

Mother's Maiden Name: _____

Applicant's Signature: _____ SS# _____

Applicant's Address: _____

Your Phone Number: _____

Applicant's Relationship to the Person: _____
(Self, if Applicable)

Number of Copies: _____

FOR OFFICE USE ONLY:

Received: Certified Copy No Record Genealogical

Certificate Number: _____

Receipt Number: _____

Initials: _____

Make check payable to:
Jo Daviess County Clerk

Mail completed application, payment and
a copy of your driver's license to:
330 N. Bench St., Room 108
Galena, IL 61036

File Stamp

