



Angela Kaiser

Jo Daviess County Clerk & Recorder

330 N. Bench Street, Room 108

Galena, Illinois 61036-1828

Phone 815.777.0161/Fax 815.777.3688

Application for Search of Birth Record Files of a Deceased Person

BIRTH INFORMATION		
DECEDENT'S BIRTH NAME (First, Middle, Last Prior to First Marriage/Civil Union)		
PLACE OF BIRTH (Hospital, City or Town, County)		
DATE OF BIRTH (Month, Day, Year)	SEX	BIRTH NUMBER (If Known)
FATHER/CO-PARENT'S NAME (First, Middle, Last Prior to First Marriage/Civil Union)		
MOTHER/CO-PARENT'S NAME (First, Middle, Last Prior to First Marriage/Civil Union)		

MUST PROVIDE PROOF OF DEATH

DEATH INFORMATION of the INDIVIDUAL
Legal Name at Time of Death (First, Middle, Last)
Name Prior to First Marriage/Civil Union
Date of Death (Month, Day, Year)
Place of Death (City, State)

INDIVIDUAL REQUESTING COPIES
Print Name (First, Middle, Last)
Street Address
City, State, Zip
Social Security Number
Driver's License Number/State of Issue
Relationship to Decedent

I affirm, under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief.

Signature

Date

Home Telephone _____ Work Telephone _____

MAIL TO: Jo Daviess County Clerk, 330 N. Bench St., Galena, IL 61036

SEARCH FEE: \$20.00 for the first copy and \$6.00 for each additional copy of same record.

(The \$20 search fee is non-refundable.)