

CITY OF STREATOR
BIRTH CERTIFICATE APPLICATION

(PROVIDE **ALL** REQUESTED INFORMATION – **PLEASE PRINT PLAINLY**)
(SIGNATURE **MUST BE** NOTARIZED BEFORE REQUEST WILL BE PROCESSED)

FULL NAME AT BIRTH: _____

PLACE OF BIRTH: _____

DATE OF BIRTH: _____

FATHERS NAME: _____

MOTHERS MAIDEN NAME: _____

BIRTH Certificate fee is \$15.00.
Additional copies of the same record issued at the same time are \$5.00 each.

FURNISH ME _____ CERTIFIED COPIES

Your Name (Print):		
Street Address:		
City:	State:	Zip Code:
Relationship to Person:		
Today's Date:		
Telephone Number:		

Applicant Signature: _____

Notary Signature: _____

Notary Stamp:

Amount Enclosed: \$ _____ Check Money Order

PLEASE MAKE CHECKS PAYABLE TO:

City of Streator
P.O. Box 517
Streator, IL 61364
(815) 672-2517

FOR OFFICE USE ONLY DATE MAILED: _____ INITIALS: _____
