



# Illinois Department of Public Health

## APPLICATION FOR SEARCH OF BIRTH RECORD FILES

The state began recording birth records on January 1, 1916.

The Division of Vital Records offers you a choice between two types of certified copies of birth records. For \$15.00, you can receive a certified copy (photocopy of original) or for \$10.00 you can receive a certified computer generated abstract of the original record. The \$10.00 version comes in two sizes and does not list parents names. One is approximately 6X8 1/2" and the other is wallet size.

All versions are certified by the state of Illinois and are acceptable for all legal purposes.

Additional copies of the same record requested at the same time are \$2.00 each.

**SUBMIT A COPY OF YOUR  
CURRENT PHOTO ID**

Please indicate below the type and number of copies requested and return this form with the proper fee.

<b>CERTIFIED COPY</b> <b>\$15.00 Each</b>  Amount enclosed \$ _____ for _____ copies	<b>CERTIFICATION</b> <b>\$10.00 Each</b>  Amount enclosed \$ _____ for _____ copies	<b>BIRTH CARD (wallet size)</b> <b>\$10.00 Each</b>  Amount enclosed \$ _____ for _____ copies
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(DO NOT SEND CASH) Make check or money order payable to **ILLINOIS DEPARTMENT OF PUBLIC HEALTH**

<b>FULL NAME</b>	First	Middle	Last		
<b>PLACE OF BIRTH</b>	Hospital	City or Town	County	State	
<b>DATE OF BIRTH</b>	Month	Day	Year	SEX	BIRTH NUMBER IF KNOWN
<b>FATHER</b>	First	Middle	Last		
<b>MOTHER</b>	First	Middle	Maiden Name	Married Name	

**APPLICATION MADE BY**

**MAIL COPY TO (if other than applicant)**

\_\_\_\_\_  
NAME (written signature)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
YOUR RELATIONSHIP TO PERSON

\_\_\_\_\_  
INTENDED USE OF DOCUMENT

**NOTE:** Birth certificates are confidential records and copies can be issued only to persons entitled to receive them. The application must indicate the requester's relationship to the person and the intended use of the document. (SEE OTHER SIDE)

**MAIL TO**

Illinois Department of Public Health, Division of Vital Records, 605 W. Jefferson St.,  
Springfield, IL 62702-5097, 217-782-6553



## ELIGIBILITY FOR BIRTH RECORD

Before request for a certification or certified copy can be considered, you must specify your eligibility to obtain it. Illinois law states that certifications or certified copies of birth records may be issued only as listed below:

Upon the specific written request for a certification or certified copy by the person, if of legal age (18 or older), or by a parent or other legal representative of the person to whom the record of birth relates; or

Upon the specific written request for a certification or certified copy by a department of the state, a municipal corporation, or the federal government; or

Upon the order of a court of record.

If you are eligible, please indicate on the application your relationship to the person registered and the intended use of the copy. Return the application to the Illinois Department of Public Health with the proper fee or receipt showing you have already paid the fee.

### SEND TO

Illinois Department of Public Health  
Division of Vital Records  
605 W. Jefferson St.  
Springfield, IL 62702-5097

**NOTE:** Any person who, willfully and knowingly uses or attempts to use, or furnishes to another for use, for any purpose of deception, any certificate, record, report, or certified copy thereof so made, altered, amended, or mutilated; or

Any person who with the intention to deceive, willfully uses or attempts to use any certificate of birth or certified copy of a record of birth knowing that such certificate or certified copy was issued upon a record that is false in whole or in part or that relates to the birth of another person, is guilty of a Class 4 felony in the state of Illinois.