

# APPLICATION FOR CERTIFICATE OF BIRTH RECORD

Number of copies requested \_\_\_\_\_ The fee is **\$10.00** for the first copy and **\$2.00** for each additional copy of the same record **ordered at the same time.**

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's Name:	_____	_____	_____
	First	Middle	Last
Mother's Name:	_____	_____	_____
	First	Middle	Maiden Name

**I do hereby certify that as said party, parent, guardian or legal representative, I am legally entitled, according to the Illinois Compiled Statutes (410 ILCS 535/25) to receive the requested copy.**

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Signature of Person Making this Application

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Relationship to Person on Document

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

## 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 form completely and send it along with a Photocopy of a current and valid acceptable form of identification (listed above) and a check or money order made payable to the **DuPage County Clerk** (\$10.00 for the first copy and \$2.00 for each additional copy of the same record) to:

MAIL COPY TO (if other than applicant):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

For Office Use Only:

**GARY A. KING  
DU PAGE COUNTY CLERK  
P.O. BOX 1028  
WHEATON, IL 60187  
630-407-5500**

NAME	CASH / CHECK #	AMOUNT \$	INITIALS
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