



# Application for Search of Birth Record Files of a Deceased Individual

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

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 CERTIFICATE 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 COPY OF DEATH CERTIFICATE AS PROOF OF DEATH

Information about the Death 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)

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 \_\_\_\_\_

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

Work telephone \_\_\_\_\_

IL Law (ILCS410/535/25(1)) requires advance payment for search of files. This \$10.00 search fee is non-refundable.

Additional copies of the same record requested at the same time are \$2.00 each. Please indicate below the type and number of copies requested, and **return this form with the proper fee and a legible copy of your non-expired, government issued photo ID.** (see other side for acceptable proof of ID)

**DO NOT SEND CASH —** Make check or money order payable to **ILLINOIS DEPARTMENT OF PUBLIC HEALTH.**

<p><b>Birth certificate</b> (with following items: name, date of birth, sex, place of birth, mother/co-parent's maiden name, mother/co-parent's place of birth, mother/co-parent's age, father/co-parent's name, father/co-parent's place of birth, father/co-parent's age, file date, date issued and State File number)</p> <p><b>\$10.00 first copy    \$2.00 each additional copy</b></p> <p>Amount enclosed \$ _____ for _____ total copies</p>	<p><b>Birth certificate</b> (with information collected at the time of birth - information has varied throughout the years)</p> <p><b>\$15.00 first copy    \$2.00 each additional copy</b></p> <p>Amount enclosed \$ _____ for _____ total copies</p>
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<p><b>MAIL TO:</b> Illinois Department of Public Health, Division of Vital Records, 925 E. Ridgely Avenue, Springfield, IL 62702-2737 For more information - <a href="http://www.idph.state.il.us/vitalrecords/index.htm">www.idph.state.il.us/vitalrecords/index.htm</a></p>
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