APPLICATION FOR SEARCH OF A BIRTH RECORD

FULL NAME: _____
FIRST MIDDLE LAST (MAIDEN)

PLACE OF BIRTH: _____ SEX: _____

DATE OF BIRTH: _____
MONTH DAY YEAR

FATHER: _____ MOTHER (MAIDEN): _____

APPLICATION MADE BY:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

MAIL COPY TO:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

YOUR RELATIONSHIP TO THE PERSON: _____

INTENDED USE OF CERTIFICATE: _____

NUMBER OF COPIES: _____ AMOUNT ENCLOSED: _____

The fee for a SEARCH of birth record files is $14.00. If the record is found, one certified copy will be furnished without further cost. Additional copies of the same record issued at the same time are $5.00 each.

Please make checks payable to: Iroquois County Clerk

Mail or return form to: Lisa L. Fancher, County Clerk
1001 E. Grant St
Watseka, IL 60970

I, the undersigned applicant, swear or affirm that I have completed the foregoing application for a certified copy of a Vital Record and that my relationship to the individual whose name appears in the record requested is correct as stated in said application.

_____ _____
Signature of Applicant Date

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Please do not mark below this line-Office use only.

Certification #_____ Date: _____

No record found: _____ Initials: _____