

DATE: _____

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APPLICATION FOR BIRTH RECORD

CHILD'S FULL NAME:

FIRST MIDDLE LAST

HOSPITAL

DATE OF BIRTH (month/day/year)

SEX (M/F)

MOTHER'S NAME:

FIRST MIDDLE (MAIDEN) MARRIED NAME

FATHER'S NAME:

FIRST MIDDLE LAST

APPLICATION MADE BY:

NAME: _____
Written signature

YOUR RELATIONSHIP TO PERSON: _____

♦ **FEES: \$10.00 FOR FIRST COPY; ADDITIONAL COPIES ORDERED AT THE SAME TIME ARE \$2.00 EACH.**

SEE REVERSE

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 as listed below:

Upon the specific request for a certified copy by a parent or the legal representative of the person to whom the record of birth relates.

Upon the specific written request for a 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.

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.