

VITAL RECORDS - CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT

Birth Record Request Form

A certified copy of a birth record is available at no cost to persons born in Champaign County who are verified as either: 1) homeless; 2) residents of shelters for victims of domestic abuse/violence; 3) a person who has been released within the last 90 days from IDOC or CCDOC custody 4) current inmates or detainees who will be released within the next 90 days by IDOC or CCDOC. A Status Certification must be completed by an agent or agency to confirm that the requestor is eligible for a free birth certificate and must be submitted with the request.

Please select one of the following:

Homeless \_\_\_\_\_ Survivor of Domestic Abuse \_\_\_\_\_ Ex-offender \_\_\_\_\_ Current detainee/inmate \_\_\_\_\_

BIRTH RECORD INFORMATION

Name at birth \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Name of mother \_\_\_\_\_

Name of father \_\_\_\_\_

Under Illinois law [410 ILCS 535/24 (4) (b)] a certified copy of a birth record is only available to persons with "direct and tangible interest" in the record, such as one's self, parent, guardian, or legal representative. Anyone who willfully and knowingly uses or attempts to use any certificate and/or certification for the purposes of deception is guilty of a Class 4 felony [410 ILCS 535/27 (c), (f)] punishable up to three years in prison.

REQUESTOR'S INFORMATION

Your Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Relationship to child (if applicable) \_\_\_\_\_

Two ways to obtain a birth record:

By Mail: Fill out this form and mail your request to: Champaign-Urbana Public Health Attn: Vital Records, 201 W. Kenyon Road, Champaign, IL 61820. In addition to the form please also include a photocopy of your photo ID ( e.g. driver's license, state ID, passport), and a valid return address where the birth certificate should be mailed.

In Person: Visit the Champaign-Urbana Public Health District Office of Vital Records at 201 W. Kenyon Road, Champaign, during office hours (Monday-Friday 8:00 a.m. to 4:00 p.m.). Please bring your photo ID with you.

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STATUS CERTIFICATION - TO BE COMPLETED BY VERIFYING AGENT

The Status Certification is provided for the listed agent or agency to affirm to the named individual's status at the time this certification is completed. It must be received by the Champaign-Urbana Public Health District's Office of Vital Records at the time of the application. This certification entitles the individual to a free birth certificate.

I am writing to verify that \_\_\_\_\_ is eligible to receive a free birth certificate because they or their children are currently (select one):

- Homeless
- A survivor of domestic abuse
- A person who has been released within the past 90 days for IDOC or CCDOC custody
- An IDOC or CCDOC detainee or inmate who will be released within the next 90 days

I am qualified to verify their status and make this statement as a (select one):

- Homeless service agency receiving federal, state, county, or municipal funding to provide those services or otherwise sanctioned by a local continuum of care
- An attorney licensed to practice in the state of Illinois
- Public school homeless liaison or school social worker
- Human services provider funded by the state of Illinois to serve homeless or runaway youth, individuals with mental illness, or individuals with addictions
- Staff member working at a domestic violence shelter
- Staff member serving at a human service agency or government office that assists the incarcerated or formerly incarcerated

Verifying Agency/Organization \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Agency Federal Tax ID Number or Attorney Registration Number \_\_\_\_\_

Under penalty of perjury, I swear or affirm that I am a representative of the above-referenced Agency and the applicant is a person who is currently residing or receiving services from this Agency.

Printed Name of Agency Employee/Agent Making Certification \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

