

REQUEST FOR CERTIFIED COPY OF BIRTH RECORD  
(Print and send both pages of request)

**Please provide the following information about the CHILD:**

Name of child as it appears on the certificate: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_

**Please provide the following information about YOURSELF**

Your name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Your maiden name: \_\_\_\_\_ Your date of birth: \_\_\_\_\_

Your address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Driver's license #: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

According to the Vital Records Act, the local registrar may provide a certified copy of birth to: (1) a parent listed on the birth certificate; or (2) a legal guardian presenting evidence of guardianship.

Applicants are to complete this form and sign in the presence of a notary.

State of \_\_\_\_\_ )

County of \_\_\_\_\_ ) SS.

The undersigned, a notary public in and for the above county and state, certifies that

\_\_\_\_\_, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth, and certified to the correctness of the signature(s) of the agent(s).

Dated: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

SEAL

**Notice of Language Assistance:**

Jackson County Health Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-618-684-3143

Jackson County Health Department cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-618-684-3143.

Jackson County Health Department postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-618-684-3143.

Fee is \$18 for the first certificate and \$4 for each additional copy.

# of certificates requested \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

Method of payment: (select one)

- Money Order
- Check
- Credit Card --- --- --- --- --- --- --- --- ---

**We accept VISA/Mastercard/Discover/American Express**

If paying with a credit card, please provide the following:

Cardholder Name: \_\_\_\_\_

Card #: \_\_\_\_\_

Type of Card: MC VISA Discover American Express (circle one)

Expiration \_\_\_\_\_ CVV (# on back) \_\_\_\_\_

Mail completed application, check or money order, and copy of your valid driver's license or other government issued identification to:

Vital Records  
Jackson County Health Department  
PO Box 307  
Murphysboro, IL 62966

Handling Fees: Under \$50-\$1.75 fee, Over \$50-3.5% of Total

For CREDIT CARD PAYMENT ONLY, you may fax this form to 618-684-6023

If you have any questions, please call 618-684-3143 (ext. 104)

OFFICE USE ONLY: ID \_\_\_\_\_ Initials \_\_\_\_\_ Fee Received \$ \_\_\_\_\_ Mailed \_\_\_\_\_

Check    Cash    CC