

# APPLICATION FOR CERTIFICATE OF BIRTH RECORD

Number of copies requested \_\_\_\_\_ The fee is **\$14.00** for the first copy and **\$2.00** for each additional copy of the same record **ordered at the same time.**

Please PRINT Information

Full Name at Birth: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F  
Month Day Year

Place of Birth: \_\_\_\_\_  
Hospital, City or Town, County

Father/Co-Parent's Name: \_\_\_\_\_  
First Middle Last Name on **your** Birth Certificate

Mother/Co-Parent's Name: \_\_\_\_\_  
First Middle Last Name on **your** Birth Certificate

**I do hereby certify that as said party, parent, guardian or legal representative, I am legally entitled according to the Illinois Compiled Statutes (410 ILCS 535/25) to receive the requested copy.**

\_\_\_\_\_  
 Print Your Name

\_\_\_\_\_  
 Signature of Person Making this Application

\_\_\_\_\_  
 Street Address Apt.

\_\_\_\_\_  
 Relationship to Person on Document

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Phone Number E-mail Address

**ACCEPTABLE FORMS OF VALID IDENTIFICATION TO RECEIVE RECORDS:**

- |                                    |                                 |
|------------------------------------|---------------------------------|
| Illinois Drivers License           | Out-of-State Drivers License    |
| Illinois State Identification Card | U.S. Naturalization Certificate |
| U.S. Military Identification Card  | U.S. Immigration Card           |
| Selective Service Card             | U.S. Passport                   |

**TO RECEIVE BIRTH CERTIFICATES BY MAIL:**

Please fill out the request form completely and send it along with a Photocopy of a current and valid acceptable form of identification (listed above) and a check or money order made payable to the **DuPage County Clerk** (\$14.00 for the first copy and \$2.00 for each additional copy of the same record) to:

MAIL COPY TO (if other than applicant):

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Street Address Apt.

\_\_\_\_\_  
 City State Zip

For Office Use Only:

**JEAN KACZMAREK  
 DU PAGE COUNTY CLERK  
 P.O. BOX 1028  
 WHEATON, IL 60187  
 630-407-5500  
[www.dupageco.org/CountyClerk](http://www.dupageco.org/CountyClerk)**

NAME	CASH / CREDIT / CHECK #	AMOUNT \$	INITIALS
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