



APPLICATION FOR SEARCH FOR BIRTH RECORDS

This application is prescribed and furnished by the Illinois Department of Public Health for the uniform compliance to the requirements set forth in Illinois Statute ch. 111 1/2, par. 73.25.1 (b) All applicants must complete this form and meet the eligibility requirements of paragraphs 73.25 (4) (b) of this Act.

Birth Information

Name: _____
First Middle Last

Place of Birth: _____
Hospital Name City County

Date of Birth: _____
Month/Day/Year Sex (Male or Female)

Mother's Full Name _____
First Middle Last

Co-Parent's Full Name _____
First Middle Last

Applicant Information

Name: _____
First Middle Last

Street Address: _____

City State Zip

Driver's License Number/State _____

I affirm under the penalties for perjury, that the presentations made on this application are true to the best of my knowledge and belief.

Signature: _____ **Date:** _____

Home Phone: _____ **Work Phone:** _____

For office use only: Picture ID Checked _____ Deputy Registrars Initials _____
Receipt _____ Log _____