

BIRTH RECORD REQUEST

Valid identification required. See list to the right.

\$10.00 for a certified copy.

\$4.00 for each additional certified copy of same record issued at same time.

\$4.00 for a non-certified copy stamped "for genealogical purposes" (*available only if the record is at least 75 years old.*)

Individual Named on Birth Record (*please print information and sign below*):

First Middle Last Name (at birth)

Date of Birth: _____ **Quantity:** _____

Place of Birth (City or Village): _____

Father/Co-Parent's Maiden Name:

First Middle Last (*prior to first marriage/civil union*)

Mother/Co-Parent's Maiden Name:

First Middle Last (*prior to first marriage/civil union*)

Intended use (*check appropriate box*):

- Official – U.S. ONLY
 Official – International or Dual Citizenship
 Genealogical
 Other: _____

Person requesting record (*check appropriate box*):

- Individual named on record (*you must be 18 years or older*)
 Parent, Legal Guardian, or Legal Representative (*circle relationship*)
 Genealogist (*record must be at least 75 years old*)

Your Name: _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

I do hereby attest that as the individual requesting this record, I am legally entitled to a certified copy or a non-certified copy (if applicable) of this record either personally being of age; as a parent, guardian, legal representative, or agent of the person whose record I am requesting; as having a qualified genealogical or property right interest; or because I am otherwise entitled to the record according to the Illinois Compiled Statutes (410 ILCS 535/25). I acknowledge that an individual who commits fraudulent use of a vital record is guilty of a Class 4 Felony, punishable by up to three years imprisonment.

OFFICE USE ONLY

Signature: _____

Acceptable Forms of Identification

Must provide one (1) valid U.S. identification document

- Driver's license
- State identification card
- Passport (with signature)
- Military identification card (with signature)

If you do not have any of the above forms of identification, you must present **two (2) pieces** of the following documentation:

- Social Security Card with signature
- Certified copy of voter registration record
- Employee ID Card with photo and signature
- School ID Card with photo and signature
- Township ID Card with signature
- Certified copy of a birth certificate
Certified and properly notarized English translation required for foreign certificates
- U.S. original naturalization papers
- A valid foreign passport
- A valid U.S. resident alien card
- A valid consulate identification card
- A valid U.S. visa with photo and signature

Identification documents that are expired, hole punched, cracked, mutilated, scratched, altered, broken or defaced in any way are not acceptable.

Requesting a record by mail:

1. Complete all information on the request form
2. Sign on the signature line
3. Make legible photocopy of your identification (both sides)
4. Write check or money order payable to "Lake County Clerk" -
Temporary or starter checks are NOT ACCEPTED.
5. Include a large, self-addressed, stamped envelope
6. Mail all items to:

Lake County Clerk
Attn: Vital Records
18 N. County St., Room 101
Waukegan, IL 60085