

Sharon L. Holmes
DeKalb County Clerk & Recorder

BIRTH REQUEST

Doc #
Searcher

BEFORE filling out, please be certain BIRTH occurred in
DeKalb County

PLEASE SEND PHOTOCOPY OF DRIVERS LICENSE

of Copies Requested _____ Today's Date _____

(First Certified Copy is \$12.00; each additional certified copy of same birth, requested at same time, is \$2.00)

Name on Birth Certificate _____
First Name Middle Name Last Name
(If married, maiden name is required)

Date of Birth _____
Month Day Year

Place of Birth _____
City, Town or Village

Full Name of Father _____
First Name Middle Name Last Name

Full Maiden Name of Mother _____
First Name Middle Name Last Name

I, the undersigned do hereby certify that as the person whose record is sought, or as the parent, guardian, or legal representative of the person, am legally entitled according to the Illinois State Statute (Vital Records Act) to receive the requested certified copy.

Signature of Person Requesting Copy - Your Relationship to Birth Name

Address of Person requesting Birth Record