



**Douglas J. Johnson**  
**DeKalb County Clerk & Recorder**  
110 E. Sycamore Street ~ Sycamore, IL 60178  
Phone: 815-895-7149

## BIRTH RECORD REQUEST Agent Authorization

I, \_\_\_\_\_ (*individual named on record*),

hereby authorize \_\_\_\_\_ (*agent for individual named on record*)

to obtain a certified birth record of \_\_\_\_\_ (*child's name on record*).

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year

Full Name of Father/Co-Parent \_\_\_\_\_  
First Name Middle Name Last Name

Full Name of Mother/Co-Parent\* \_\_\_\_\_  
(\*Birth Name) 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, I am legally entitled according to the Illinois State Statute (Vital Records Act) to receive the requested certified copy and to authorize the DeKalb County Clerk to release this record to the above-named agent.

\_\_\_\_\_  
\*\*Signature of Individual Named on Record Relationship to Individual Named on Record

Current name is different than name on certificate due to marriage (please check)  Yes  No

\_\_\_\_\_  
Address (street, city, state & zip code)

\_\_\_\_\_  
Phone or Email

\*THIS FORM MUST BE NOTARIZED\*

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

County of \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_ by \_\_\_\_\_ (*name of individual*)

(Notary Seal)

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

**\*\*Individual completing this form must attach a photocopy (both sides) of their valid Driver's License or State ID Card**