



Tasha Sims
 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**