



Douglas J. Johnson
DeKalb County Clerk & Recorder
110 E. Sycamore Street
Sycamore, IL 60178
(815) 895-7149

BIRTH CERTIFICATE REQUEST

(Office Use)

Doc #

Searcher

of Copies Requested _____ Today's Date _____
(First Certified Copy is \$16.00; each additional certified copy of same record is \$8.00)

BEFORE completing, please be certain BIRTH occurred in DeKalb County

Child's Name on Birth Certificate _____
First Middle Last

Date of Birth _____ Place of Birth _____
Month Day Year City, Town or Village

Mother/Co-Parent Current Legal Name _____
First Middle Last

Mother/Co-Parent Name Prior to First Marriage/Civil Union _____
First Middle Last

Father/Co-Parent's Current Legal Name _____
First Middle Last

Father Name Prior to First Marriage/Civil Union _____
First Middle Last

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.

Printed name of person requesting record*

Signature of person requesting record

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

Requester's relationship to child named on certificate

Requester address (street, city, state and zip code)

Phone or Email

Requests by mail must include payment to DeKalb County Clerk and copy of photo ID

Office use only: Form of ID _____ ID Number _____