## Office of the Bureau County Clerk & Recorder

## Matthew S. Eggers

## **BIRTH RECORD REQUEST**

Number of copies requested\_\_\_\_\_ Today's date\_

(First Certified	Copy is	\$18.00; eac	ch additional ce	rtified copy o	of the same document	is \$4.00)
					urred in <i>Bureau Co</i>	
Name on Birth Certificate						
	First		Middle		Last	
Date of Birth						
Month	Day	Year		_		
Place of Birth	own or V	2:11		_		
City, to	own or v	illage				
Full Name of Father/Co-Parent_						
	First		Middle		Last	
Full Name of Mother/Co-Parent*						
(*Birth Name)		First		Middle	Last	
I, the undersigned do herby co	ertify th	at as the p	erson whose red	ord is sough	nt, or as the parent, gu	ardian, or legal
representative of the person, a the requested certified copy.	m legal	lly entitled	according to th	e Illinois Sta	ate Statute (Vital Reco	ords Act) to receiv
erinica copy.						
Printed name of person requestin	g record			Signature of	person requesting recor	d
					person requesting recor	u
Relationship to person named on	certifica	te				
Is current name different than i	name or	ı certificate	due to marriage	e?Yes _	No	
Requester address		(street, ci	ty, state and zip c	ode)		
•		(00000) 62	ey, state and zip e	oucj		
Phone or email						

Requests by mail must include payment and copy of photo identification.