

Office of the Bureau County Clerk & Recorder

Matthew S. Eggers

BIRTH RECORD REQUEST

Number of copies requested _____ Today's date _____

(First Certified Copy is \$19.00; each additional certified copy of the same document is \$5.00)

Each transaction has a single Search Fee of \$6.00 that should be paid separately

BEFORE completing, please be certain BIRTH occurred in Bureau County

Name on Birth Certificate _____
First Middle Last

Date of Birth _____
Month Day Year

Place of Birth _____
City, town or Village

Full Name of Father/Co-Parent _____
First Middle Last

Full Name of Mother/Co-Parent* _____
(*Birth Name) 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

Relationship to person named on certificate

Is current name different than name on certificate due to marriage? ____ Yes ____ No

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

Phone or email

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