



ELIGIBILITY TO OBTAIN AN ILLINOIS BIRTH RECORD

Before a request for a copy of a birth record can be considered you must specify your eligibility to obtain it. ILCS410/535/25(4) states that copies of birth records may only be issued upon:

- The order of a court of competent jurisdiction
- The specific written request for a certification or certified copy by the person, if of legal age (18 or older), or by a parent or other legal representative* of the person to whom the record of birth relates; or
- The specific written request for a certification or certified copy by a department of the state, a municipal corporation, or the federal government

*77 Illinois AdmCode 500.10 refers to "Legal representative" as

- An attorney acting on behalf of a person(s) named on a birth certificate;
- An agent authorized by power of attorney;
- A court-appointed personal representative;
- An agent with written, notarized authorization from a person(s) named on a birth certificate for the purpose of obtaining a certified copy or certification for that person; or
- Any other agent, approved by the State Registrar as a legal representative of the person to whom the birth certificate relates.

NOTE: Any person who, willfully and knowingly uses or attempts to use, or furnishes to another for use, for any purpose of deception, any certificate, record, report, certification or certified copy thereof so made, altered, amended, or mutilated; or,

Any person who with the intention to deceive, willfully uses or attempts to use any certification or certified copy of a record of birth knowing that such certification or certified copy was issued upon a record that is false in whole or in part or that relates to the birth of another person, is guilty of a Class 4 felony in the state of Illinois (ILCS 410/535/27(f)).

ACCEPTABLE PROOF OF ID

A NON-EXPIRED, GOVERNMENT ISSUED PHOTO ID, such as a driver's license. If you have an extension sticker on your license, submit a **copy of both sides** of the license. If you do not have a driver's license, a photo ID Card issued by the Department of Motor Vehicles can be provided.

If your driver's license or ID Card is **expired or not available**, you must submit TWO (2) pieces of documentation with your name on them. In addition to your name, one piece must also have your current address on it to prove your identity.

ONE piece of documentation can be a bill or other USPS mail; the SECOND must be one of the items listed below:

- Medical/car insurance card
- Credit card statement
- Paycheck stub with imprinted information
- Voter's registration card
- Car registration paperwork
- Bank statement
- Public assistance card
- Active duty military ID w/ issued and expiration dates
- EBT Link Card (Illinois Electronic Benefit Transfer)

SOCIAL SECURITY CARDS ARE NOT ACCEPTABLE

Matricula Consular card issued after October 2006 is acceptable on its own. However, if issued prior to October 2006, we need ONE additional type of documentation showing current address as noted above. If you do not have any of the items listed above, please submit a copy of a current utility bill (electricity, cellular phone, water, etc.) showing your name and current address.

If you are currently incarcerated, you can submit a dated copy of your prison intake/offender summary sheet containing your photo. If you have been released from prison within the last six months, a copy of the release papers along with the prison photo ID will be accepted.

If you are writing from a state or federal agency, you can submit a copy of your photo work badge with issued and expiration dates.



Application for Search of Birth Record Files

The state began recording birth records on January 1, 1916.

The Division of Vital Records offers two types of birth certificates available for legal purposes.

Please indicate your choice below and return this form with the proper fee and a legible copy of your non-expired, government issued photo ID

Illinois Law (ILCS410/535/25(1)) requires advanced payment for the search of birth record files. This \$10.00 search fee, included in the price of the copy(ies) you are requesting, is non-refundable.

DO NOT SEND CASH – Make check or money order payable to: ILLINOIS DEPARTMENT OF PUBLIC HEALTH

<p>Birth certificate (with the following items: name, date of birth, sex, place of birth, mother/co-parent's maiden name, mother/co-parent's place of birth, mother/co-parent's age, father/co-parent's name, father/co-parent's place of birth, father/co-parent's age, file date, date issued and State File number) \$10.00 first copy \$2.00 each additional copy</p> <p>Amount enclosed \$ _____ for _____ total copies</p>	<p>Birth certificate (with available information collected at time of birth - information had varied throughout the years) \$15.00 first copy \$2.00 each additional copy</p> <p>Amount enclosed \$ _____ for _____ total copies</p>
<p>Foreign birth (births of adopted persons born outside of the U.S. who were re-adopted in Illinois) OR ADMINISTRATIVE FOREIGN BIRTH RECORD \$5.00 each copy</p> <p>Amount enclosed \$ _____ for _____ total copies</p>	<p>Genealogical (uncertified) (records older than 75 years) \$10 first copy \$2 each additional copy</p> <p>Amount enclosed \$ _____ for _____ total copies</p>

FULL NAME (First, Middle, Last Prior to First Marriage/Civil Union)		
PLACE OF BIRTH (Hospital, City or Town, County, State)		
DATE OF BIRTH (Month, Day, Year)	SEX	BIRTH CERTIFICATE NUMBER (if known)
FATHER/CO-PARENT'S NAME (First, Middle, Last Prior to First Marriage/Civil Union, Current Legal Last Name)		
MOTHER/CO-PARENT'S NAME (First, Middle, Last Prior to First Marriage/Civil Union, Current Legal Last Name)		

INDIVIDUAL REQUESTING COPIES

MAIL RECORD(S) TO: (if other than applicant)

PRINT NAME _____	NAME _____
STREET ADDRESS _____	AGENCY _____
CITY _____ STATE _____ ZIP _____	STREET ADDRESS _____
YOUR RELATIONSHIP TO PERSON _____	CITY _____
INTENDED USE _____	STATE _____ ZIP _____
SIGNATURE _____	

NOTE: Birth Certificates are confidential records and copies can *only* be issued to persons entitled to receive them (for a complete list, see other side). The application must indicate the requestor's relationship to the person and the intended use of the document. (SEE OTHER SIDE)

MAIL TO: Illinois Department of Public Health, Division of Vital Records, 925 E. Ridgely Avenue, Springfield, IL 62702-2737 For more information - www.idph.state.il.us/vitalrecords/index.htm
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