



Frank J. Lesko
 Office of the City Clerk
 Vital Records
 300 S. 7TH ST. Room 106
 Springfield, IL 62701-1688
 Phone: 217-789-2216 Fax: 217-789-2144

PAYMENT METHODS:
CASH
MONEY ORDER
MASTERCARD
DISCOVER
AMERICAN EXPRESS

APPLICATION FOR SEARCH OF BIRTH RECORDS
RECORDS AVAILABLE JANUARY 1985-PRESENT

Name on Certificate: _____
 First Middle Last

Place Of Birth: _____
 City Hospital

Date Of Birth: _____
 Month Day Year

Father: _____
 First Middle Last

Mother: _____
 First Middle (Maiden)

To Avoid Delay, Please Bring Photo Identification With You.

Your Name: _____
 First Middle Last

Address _____
 Street City State/Zip Phone Number

Relationship to Person Named Above : _____

Intended Use of Record _____ Copies _____ Identification: _____

Signature _____ Date _____

If You Would Like Your Records Mailed, Please Send a Copy of Your Drivers License or other State Issued Identification with Your Completed Application for Birth Record. Please Provide the Address, if Different from Above:

Address _____
 Street City State/Zip Phone Number

FEE: FIRST COPY - \$17.00 ADDITIONAL COPIES \$7.00 EACH

CASH OR MONEY ORDER PAYABLE TO: *CITY OF SPRINGFIELD*
 MASTERCARD, DISCOVER & AMERICAN EXPRESS ACCEPTED
 (Please complete reverse side for credit card transactions. A convenience fee (2.10%) will apply.)
 Appropriate charges will also be included for postage.

THE CITY OF SPRINGFIELD DOES NOT ACCEPT VISA CREDIT CARDS OR CHECKS

THE CITY OF SPRINGFIELD DOES NOT ACCEPT VISA CREDIT CARDS

To charge your fee, please note that a convenience fee (2.10%) will applied to your order. Please print your credit card number, expiration date and 3-digit security code found on the back of your credit card. Once your fees have processed, this information will be destroyed.

Type of Card Credit	Card No.	Exp. Date	Sec. Code
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Name on Card	Billing Address	City, State & Zip Code
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