



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
VISA

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
Payment in person, cash, credit card online or cashier's check or money order.