



**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

**PPAYMENT METHODS:**  
**\* Money Order/Cashiers  
 Check\***  
**Online Credit Card Payments  
 (Do NOT mail in credit Card  
 Information)**

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

**Name on Certifiante:** \_\_\_\_\_  
   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**

**CASHIER'S CHECK OR MONEY ORDER PAYABLE TO:  
 CITY OF SPRINGFIELD**

**Applications in person are accepted with payment form of cash, money order/  
 cashier's check and/or credit card (Master Card, Visa, Discover or American  
 Express). No credit card information can be accepted with mail-in application. No  
 personal checks accepted.**