

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

SANGAMON COUNTY RECORDS ONLY - RECORDS AVAILABLE JANUARY 1985-PRESENT

ame 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 Ide	ntification With You.	
Your Name:				
	First	Middle	Last	
Address				
	Street	City State/Zip	Phone Number	
Relationship to Per	son Named Above	:		
Intended Use of Record		Copies	Identification:	
Signature		Date		
			of Your Drivers License or other	
Identification with Above:	1 Your Completed	Application for Birth Record	. Please Provide the Address, if	Different fro
ADUTC.				
Address		G /77	Di N. I	
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.