

VITAL RECORD CERTIFIED COPY REQUEST

	Circle one:	Birth	Death	Marriage	Civil Union	No Record Found	
	ficate						
(Leg	al name at birth or dea	th. For a ma	arriage or civi	il union certificate	equest, full names of	both parties)	
Date of Event_		Place	of Event_				
Parent/Father	name						
Davant/Matha			• •	order a birth certif	•		
Parent/ Mother	maiden name_		(Required to	order a birth certi	icate)		
Your relationsh	nip to person nar	ned on ce	ertificate _.				
		1	Number o	of certified cop	ies		
FEE: Birth, M	arriage, Civil Unior	records:	\$14.00 fo	or 1 st copy, addi	tional copies \$11.	00 each of same certificate.	
Death record	ls: \$18.00 for 1 st c	opy, addit	ional copie	es \$15.00 each	of same certificate	2.	
DOCUMENT	TATION: One re	eadable pl	hotocopy o	of your valid Dr	ver's License, Sta	te ID, or photocopy of	
	ired with your ord						
	f ID, please call: (2	-					
				plicant Info			
Name			-	-			
City, State and	d Zip Code						
Daytime phor	ne number						
I affirm, unde	r the penalty of	perjurv	, that the	e representa	ions made on	this application are true	to the b
•	dge and belief.		-	•		• •	
Signature					Date		
Please make	check (Local C	hecks O	nly)/mo	ney order pa		iglas County Clerk	
Send this forn	n, copy of ID an	d payme	ent to: D	ouglas Count	y Clerk,Vital R	ecords, 401 S. Center, P.	О. Вох
Tuscola, IL 619	953						