



Application Certified Copy of Birth Certificate

(For children under age 10)

Certified copies issued **only to parents or legal guardian.**

YOU MUST HAVE:
*check or money order
*copy of **SIGNED, PHOTO ID**

Child's Full Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Place of Birth: _____
(Month-Day-Year) (Hospital) (City)

Mother's MAIDEN Name: _____
(First) (Middle) (MAIDEN)

Your Address: _____
(Street) (City) (Zip)

Father's Name _____
(First) (Middle) (Last)

Telephone Number: _____ # of copies: _____ Date: _____

APPLICANT SIGNATURE: _____ Requested by: Parent Other _____

COST: Copies will be available one week after birth at a cost of **\$15.00** for the **first copy**; **\$6.00** for each **additional copy**. **A signed photo ID (such as a driver's license) is required for all copies requested.**
Any questions, please call (309) 888-5481.

Check or Money Order Payable to: McLean County Health Department
ATTN: Registrar Department
200 W. Front St., Rm. 304
Bloomington, IL 61701

Amount Enclosed

\$ _____

As of Jan. 1, 2009