

# Application for Search of Birth Record Files of Deceased Person



Kathy Michael, County Clerk  
 Government Center  
 115 E Washington Street, Room 102  
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 Bloomington IL 61702-2400  
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Please Note:

The Fee is \$15.00 for the first certified copy of each record and \$9.00 for each additional certified copy of the same record. There is a \$15.00 search fee for records searched, yet not located.

**\*Birth records are available from 1860\***

**A COPY OF A SIGNATURE ID IS REQUIRED WITH ALL MAIL REQUESTS  
 (The extension of the expiration date must be copied if applicable)**

**PLEASE MAKE CHECK PAYABLE TO: McLean County Clerk**

This application form is prescribed and furnished by the Illinois Department of Public Health as set forth in 410 ILCCS 535/25.1

**Section A - Birth Information**

<b>1. Name at Birth</b>	First	Middle	Last
<b>2. Place of Birth</b>	Hospital	City or Town	County
<b>3. Date of Birth</b>	Month	Day	Year
	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>		Birth Number (If Known)
<b>4. Father's Full Name</b>	First	Middle	Last
<b>5. Mother's Full Name</b>	First	Middle	Last
			Mother's Maiden Surname

**Section B - Death Information**

<b>1.</b>	Full Legal Name At Death (First, Middle, Last)
<b>2.</b>	For Female Decedents, Maiden Surname
<b>3.</b>	Date of Death (Month/Day/Year)
<b>4.</b>	Place of Death (City, State)
<b>5.</b>	Relationship to Decedent

**Section C - Applicant Information**

<b>1.</b>	Name (First, Middle, Last)
<b>2.</b>	Street Address
<b>3.</b>	City, State, Zip
<b>4.</b>	Social Security Number
<b>5.</b>	Driver's License Number/State

**I affirm under the penalties of perjury, that the representations made on this application are true to the best of my knowledge and belief.**

Date: \_\_\_\_\_

Written Signature: \_\_\_\_\_

(      )

Work Telephone: \_\_\_\_\_

(      )

Home Telephone: \_\_\_\_\_

**You Must Include Proof of Death  
 ON BIRTH RECORDS 75 YEARS AND UNDER  
 PLEASE MAKE CHECK PAYABLE TO: McLean County Clerk**