

Application for Search of Birth Record Files of Deceased Person



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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 ILCS 535/25.1

Section A - Birth Information

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

Section B - Death Information

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

Section C - Applicant Information

1.	Name (First, Middle, Last)
2.	Street Address
3.	City, State, Zip
4.	Social Security Number
5.	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: _____

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Work Telephone: _____

Written Signature: _____

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Home Telephone: _____

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