REQUEST FOR CERTIFIED COPY OF BIRTH

I request a copy of the birth certificate of_____
(Full Name)

born on_____at_____
(Date) (Hospital Or Address If Not Hospital)

_____, Illinois.
(County)

Mother's Maiden Name:_____

Mother's Current Name:_____

Father's Name:_____

APPLICATION MADE BY:

NAME (Printed):_____

NAME (Signature):_____

ADDRESS:_____

TELEPHONE NUMBER:_____

YOUR RELATIONSHIP TO ABOVE PERSON:_____

DATE:_____

NO. OF COPIES REQUESTED:_____AMOUNT PAID:_____

FRANKLIN-WILLIAMSON BI-COUNTY HEALTH DEPARTMENT

8160 EXPRESS DRIVE
MARION, ILLINOIS 62959
PHONE: 618-993-8111

403 EAST PARK
BENTON, ILLINOIS 62812
PHONE: 618-439-0951

- FEE: $21.00 FOR 1st COPY AND $8.00 FOR EACH ADDITIONAL COPY ORDERED AT THE SAME TIME.
- PLEASE PUT YOUR DRIVER'S LICENSE NUMBER ON YOUR CHECK.
- PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE OR A GOVERNMENT ISSUED PHOTO ID IF YOU DO NOT HAVE A DRIVER'S LICENSE.