

## INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

**AVAILABILITY:** Birth registration was not required by state law until 1917, but there are some records on files dating back to 1877.

**ELIGIBILITY:** Birth certificates can only be issued to:

1. Registrant (the child named on the record) if of legal age (18)
2. Parent(s) listed on the Birth Record
3. Legal guardian (must provide guardianship papers)
4. Legal representative of one of the above persons
5. Other person(s) by court order (must provide recorded or certified copy of court order)

In the case of the deceased registrant, upon receipt of the death certificate of the decedent, a certification of the birth certificate can be issued to the spouse, child, grandchild, sibling, if of legal age, or to the legal representative of any of these persons as well as to the parent.

Any person of legal age may be issued a certified copy of birth record (except for those birth records under seal) for a birth event that occurred over 75 years ago.

**ALL OTHER BIRTH RECORDS FOR ILLINOIS NOT OF FAYETTE COUNTY:** Birth records can be requested from the Springfield Vital Records by:

Illinois Department of Public Health  
Division of Vital Records  
925 E. Ridgeley Ave.  
Springfield, IL 62702-2737

**REQUIREMENT FOR ORDERING:** If applicant is self, parent, legal guardian or legal representative, the applicant must provide a completed application along with valid photo identification, if a mail request, a copy of the valid photo identification must be provided. If legal guardian, a copy of the appointment orders must be included with the request. If legal representative, the attorney bar number, and a notation of whom the attorney represents and that person's relationship to the registrant must be included with your request. If you are an agent of local, state or federal agency requesting a record, indicate in the space provided for "relationship" the name of the agency. Acceptable forms of identification are the following: Driver's License, State Identification Card, Passport and/or Military Identification Card.

If not one of the above, you must complete this application and have a notarized Affidavit to Release A Birth Certificate submitted with your application for the birth record along with a copy of the registrant's valid photo identification as well as the applicant's valid photo identification.

**RELATIONSHIP TO REGISTRANT:** A person ordering his or her own certificate should enter "SELF" in this space. Also, explain if name has been changed: married name, name changed legally (when and where), etc. Others must identify themselves clearly as eligible (see ELIGIBILITY above).

**NONREFUNDABLE:** Vital record fees are nonrefundable.

**APPLICANT'S SIGNATURE:** Is required, as well as his/her printed name, residence address and telephone number.

Fayette County Clerk & Recorder  
221 S Seventh St, Rm 106  
Vandalia, IL 62471

PLEASE VISIT THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH WEBSITE  
<http://dph.illinois.gov/topics-services/birth-death-other-records/birth-records/obtain-birth-certificate>

# APPLICATION FOR BIRTH RECORD

Fayette County Clerk & Recorder  
 Vital Records  
 221 S Seventh St, Rm 106  
 Vandalia, IL 62471 (618) 283 – 5000

Read the FRONT AND BACK of this application: Requirement for ordering: If applicant is self, parent, guardian, or legal representative then the applicant must complete this application and provide valid photo identification, if a mail request, a copy of the valid photo identification must be provided. If applicant is not one of the above, the Affidavit to Release a Birth Certificate must be completed by an authorized person and submitted in addition to this application form. Acceptable forms of identification are the following: **Driver's License, State Identification Card, Passport, and/or Military Identification Card.**

## SECTION A: REGISTRANT INFORMATION

CHILD'S FULL NAME AS SHOWN ON BIRTH RECORD	FIRST	MIDDLE	LAST	SUFFIX
IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME	FIRST	MIDDLE	LAST	SUFFIX
DATE OF BIRTH	MONTH	Day	YEAR	STATE FILE NUMBER (IF KNOWN)
PLACE OF BIRTH	HOSPITAL	CITY OR TOWN	COUNTY	ZIP CODE (IF KNOWN)
MOTHER'S / PARENT'S NAME	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE (IF APPLICABLE)	SUFFIX
FATHER'S / PARENT'S NAME	FIRST	MIDDLE	LAST NAME PRIOR TO FIRST MARRIAGE (IF APPLICABLE)	SUFFIX

## SECTION B: APPLICANT (Adult requesting certificate) INFORMATION

Applicant's Name TYPE OR PRINT	FIRST, MIDDLE, LAST (INCLUDING ANY SUFFIX)	SIGNATURE OF APPLICANT	
HOME PHONE NUMBER (     )	MAILING ADDRESS (INCLUDE APT. NO. IF APPLICABLE)	RELATIONSHIP TO REGISTRANT	
ALTERNATE PHONE NUMBER (     )	CITY	STATE	ZIP CODE
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.	LICENSE / BAR	NAME OF PERSON REPRESENTED AND RELATIONSHIP TO REGISTRANT	

## SECTION C: FAYETTE COUNTY FEE INFORMATION

This \$15.00 fee entitles the applicant to one CERTIFIED COPY of a registered birth	\$ 15.00	X	1	=	\$ 15.00
Additional copies of the same type certification ordered above are \$6.00 each, when ordered with this request	\$ 6.00	X		=	\$
VYNYL JACKET FOR BIRTH CERTIFICATE – Optional	\$ 1.00	X		=	\$
CERTIFIED MAIL CHARGE (for all requests by mail) (PER MAIL REQUEST)	\$ 7.80			=	
Alternate Standard Letter Mail- Document is folded	\$ 2.00			=	

Total Amount Enclosed      Money Order \_\_\_\_\_      Check \_\_\_\_\_

\$

Payable to: **Fayette County Clerk & Recorder**

**\*\* DO NOT SEND CASH \*\***