APPLICATION FOR SEARCH FOR BIRTH RECORDS

This application for is prescribed and furnished by the Illinois Department of Public Health for the uniform compliance to the requirements set forth in Illinois Statute ch. 111 ½ , par. 73.25.1 (b) All applicants must complete this form and meet the eligibility requirements of paragraphs 73.25 (4) (b) of this Act.

BIRTH INFORMATION

NAME:_____
First **Middle** **Last**

PLACE OF BIRTH:_____
Hospital Name **City** **County**

DATE OF BIRTH:_____
Month/Day/Year **Sex (Male or Female)**

FATHER'S FULL NAME:_____
First **Middle** **Last**

MOTHER'S FULL NAME:_____
First **Middle** **Maiden**

APPLICANT INFORMATION

NAME:_____
First **Middle** **Last**

STREET ADDRESS:_____

_____
City **State** **Zip**

SOCIAL SECURITY NUMBER:_____

Driver's License Number/State_____

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

Date:_____**Signature**_____

Home Phone :_____**Work Phone** _____

For office use: Picture ID Checked _____ Deputy Registrars Initials _____

Complete the form,return with a copy of drivers license and $12 for first copy and $10 for each additional copy:

Adams County Health Department
Attn: Pam Porter
330 Vermont Street
Quincy, IL 62301