Searcher's				
Initials				

## **BIRTH**

\$16.00 FOR ONE COPY, \$9.00 FOR EACH ADDITIONAL COPY ISSUED AT THE SAME TIME

MAKE CHECK PAYABLE TO: ADAMS COUNTY CLERK (Please send one copy of a government issued photo I.D. with all requests)

BEFORE FILLING OUT THIS APPLICATION,
BE CERTAIN THAT THE BIRTH OCCURRED IN ADAMS COUNTY, ILLINOIS
(Please print clearly and legibly)

Num	ber of Copies	_				
Nam	e on Record			Last Name		
Date	First Name of Birth	Middle Na	Middle Name			
	e of Birth					
Flace	e oi biitii	City, Town or Village	 e			
Nam	e of Father/Co-parent on	Record				
		First Name	Middle Name	Last Name Prior to Marriage		
Nam	e of Mother/Co-parent on	Record				
		First Name	Middle Name	Last Name Prior to Marriage		
am le	Print Your Name	to the Illinois State	Illinois State Statute.  Your Signature			
	Address	Your Relationsh	Your Relationship to Person Named on Document			
		()				
	City	Area	Code and Phone	e Number		
	E-Mail Address					
	□ MAIL (Complete Below)	□ WILL CALL	SUBMITTED T	ODAY/WAITING		
Mail to	o (Name):					
Addre	SS:					
City:		State:	Zi <sub>l</sub>	o Code:		

Chuck R Venvertloh, Adams County Clerk/Recorder 507 Vermont Street, Quincy, IL 62301