



Will County Health Department and Community Health Center

501 Ella Avenue Joliet, IL 60433

Email address: vitalrecords@willcountyhealth.org

HOURS OF OPERATION
Monday – Friday 8:30am – 4:00pm
(Closed daily Noon to 1pm)
Holiday Exceptions
Office: 815-727-8639
Fax: 815-846-1556

VITAL RECORD CERTIFIED COPY OF BIRTH REQUEST

A Valid Driver's License, State ID, Matricula or Passport is required with your request.

Please Note: Available information is subject to limitations imposed by the Vital Records Division of the State of Illinois

CHILD'S FULL NAME ON CERTIFICATE:

FIRST _____ MIDDLE _____ LAST _____

DATE OF BIRTH _____ HOSPITAL _____

WHAT IS YOUR RELATIONSHIP TO THE ABOVE NAMED PERSON ON THE CERTIFICATE? _____

(Example: mother, father, grandparent, etc.)

MOTHER CURRENT LEGAL NAME

FIRST _____ MIDDLE _____ LAST _____ DATE OF BIRTH _____

MAIDEN NAME: FIRST _____ MIDDLE _____ LAST _____

FATHER OR COPARENT CURRENT LEGAL NAME

FIRST _____ MIDDLE _____ LAST _____ DATE OF BIRTH _____

YOUR INFORMATION:

FIRST NAME _____ MIDDLE _____ LAST _____

STREET ADDRESS _____ CITY, STATE, ZIP _____

DAYTIME PHONE _____

FEE: 1 for \$12.00 and \$4.00 for each additional certified copy of the same certificate that is purchased at the same time. Example 1=\$12, 2=\$16, 3=\$20, 4=\$24 Note: **Out of state checks will not be accepted**, ID and check name and address must match. Use of credit or debit cards will add on an additional service charge. **Number of copies requested?** _____

SWORN STATEMENT: Under penalty of perjury I affirm that the representations made on this application are true to the best of my knowledge and belief.

SIGNATURE _____ **DATE SIGNED** _____

----- Do no write below this line -----

FOR OFFICE USE ONLY:

JM / JC

AMT PAID _____

CA / MO / CC / CK# _____

RECT _____