# 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 OR SELF IF BORN IN WILL COUNTY FROM 1985 TO THE PRESENT:**

FIRST_____MIDDLE_____LAST_____

DATE OF BIRTH _____HOSPITAL_____

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

**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 Checks accepted : Payable to the Will County Health Dept. 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**_____

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**FOR OFFICE USE ONLY:**

JM / EL

AMT PAID_____

CA / MO / CC / CK#_

RECT_____

(Revised September 2025)