

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

Name of Person Completing Application: _____
First Middle Last

Mailing Address: _____
Street Address City or Town State Zip Code

Phone Number: _____ Home Cell Reason for Request: _____
Area Code

Under Illinois State Law (410 ILCS 535 - Vital Records Act) only specific individuals have legal access to birth or death certificates. The Peoria City/County Health Department Vital Records program will issue certificates only to authorized individuals. To do otherwise is a violation of Illinois law. Vital Records are not considered public information, nor are they subject to the Freedom of Information Act.

YOU MUST SHOW A PHOTO I.D. IN ORDER TO RECEIVE A VITAL RECORD

BIRTH RECORD: Search/Single Copy Fee: \$16.00; Additional Copies (this request): \$7.00

To obtain a **Birth Record (between the years of 1982 – present)**, you must be:

- Of legal age (18 or an emancipated minor) if requesting your own birth certificate.
- The mother of the child whose birth certificate is being requested.
- The father of the child **if you are listed** on the birth certificate. A father who is not listed on the birth certificate does not have legal access to a copy of that certificate.
- A Legal Guardian with documentation to show this

Full Name on Record		# of Copies: _____
Date of Birth		
Mother's Maiden Name		
Father's Name		
Requested by:	<input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	

DEATH RECORD: Search/Single Copy Fee: \$20.00; Additional Copies (this request): \$11.00

To obtain a **Death Record (between the years of 1995 – present)**, you must be:

- The informant listed on the death certificate.
- The next of kin.
- Someone who has a personal or property right interest in the record, and documentation to show this.

Name on Record		# of Copies: _____
Date of Death		
Requested by:	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other _____	

I, the undersigned Applicant, swear or affirm that the representations made on this application are true to the best of my knowledge and belief.

Applicant's Signature: _____

Date: _____

Include the following to obtain a record by mail:

- Completed application signed by applicant.
- Copy of government issued PHOTO ID with signature
- Check made payable to "Peoria City/County Health Department." **DO NOT SEND CASH.**
- If you are the legal guardian, you must include documents authorizing access to the record.