

**CITY OF CHICAGO HEIGHTS
LORI WILCOX**

OFFICE OF THE CITY CLERK

1601 Chicago Road, Chicago Heights, IL 60411 / 708 756-5304 / Fax 708 756-5310

Application for BIRTH Certificate

***Before Filling Out Application Be Certain Birth Occurred in Chicago Heights
VALID DRIVER'S LICENSE or STATE I.D. REQUIRED***

Full Birth Name _____

Date of Birth _____ Number of Copies _____

Place of Birth St. James Hospital – Chicago Heights

Mother's Maiden Name _____

Father's Name _____

Intended Use _____

I, the undersigned, do hereby certify that as the person whose record is sought, or as the parent, legal guardian by court order, or legal representative of the person, I am legally entitled to receive the requested certified copy according to the Illinois State Statute:[Chap. 111-1/2, Sec. 73-25 (4)(b)].

Print your Name

Your Signature

Address

Self Parent Other

City

Relationship to Person on Document
() -

Phone No.

OFFICE USE ONLY

Driver's License/State I D #

Mail to _____

Address _____

FEE: \$10.00 CASH OR MONEY ORDER FOR EACH CERTIFIED COPY