

# Barbara M. Link

Henry County Clerk/Recorder/Election Authority

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**PAYABLE TO THE HENRY COUNTY CLERK (NO PERSONAL CHECKS)**

\$12.00 FOR ONE (1) CERTIFIED COPY

\$4.00 FOR EACH ADDITIONAL CERTIFIED COPY OF THE SAME NAME

## SPECIAL APPLICATION FOR SEARCH OF BIRTH RECORD FILES

This application form is prescribed and furnished by the Illinois Department of Public Health for the uniform compliance to the requirements set forth in Illinois Statute ch.111 ½, par. 73-25.1 (b). All applicants must complete this form and meet the eligibility requirements of paragraph 73-25 (4) (b) of this Act.

### Section A - Birth Information

1. Name	First, Middle, Last				
2. Place of Birth	Street, RFD, Hospital			City or Town	County
3. Date of Birth	Month	Day	Year	4. Sex (Check One) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. Birth Number (NOT REQUIRED)
6. Father's Full Name	First, Middle, Last				
7. Mother's Full Name	First, Middle, Last			8. Mother's Maiden Surname	
<b>Section B - Death Information</b>			<b>Section C - Person Applying for This Record</b>		
1. Full Legal Name at Death (First, Middle, Last)			1. Name (First, Middle, Last)		
2. Maiden Surname, For Female Decedents,			2. Street Address		
3. Date of Death	Month, Day, Year		3. City, State, Zip		
4. Place of Death	City, County, State		4. Social Security No.		
5. Relationship to Decedent			5. Driver's License Number/State		

I affirm, under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief.

Date \_\_\_\_\_ Work Telephone A.C.(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Home Telephone A.C.(\_\_\_\_\_) \_\_\_\_\_

Written Signature

RELATIONSHIP: \_\_\_\_\_ (SELF..... PARENT...)

MAIL TO: \_\_\_\_\_

**PLEASE ENCLOSE A STAMPED/**

**SELF-ADDRESSED ENVELOPE.**

**THANK YOU.**