

Application for Search of Birth Record Files of Deceased Person



Peggy Ann Milton, County Clerk
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Please Note:

The Fee is \$15.00 for the first certified copy of each record and \$9.00 for each additional certified copy of the same record. There is a \$15.00 search fee for records searched, yet not located.

A COPY OF A SIGNATURE ID IS REQUIRED WITH ALL MAIL REQUESTS
 (The extension of the expiration date must be copied if applicable)

PLEASE MAKE CHECK PAYABLE TO: McLean County Clerk

This application form is prescribed and furnished by the Illinois Department of Public Health as set forth in 410 ILCCS 535/25.1

Section A - Birth Information

1. Name at Birth	First	Middle	Last
2. Place of Birth	Hospital	City or Town	County
3. Date of Birth	Month	Day	Year
	Sex		Birth Number (If Known)
	Male <input type="checkbox"/> Female <input type="checkbox"/>		
4. Father's Full Name	First	Middle	Last
5. Mother's Full Name	First	Middle	Last
			Mother's Maiden Surname

Section B - Death Information

1.	Full Legal Name At Death (First, Middle, Last)
2.	For Female Decedents, Maiden Surname
3.	Date of Death (Month/Day/Year)
4.	Place of Death (City, State)
5.	Relationship to Decedent

Section C - Applicant Information

1.	Name (First, Middle, Last)
2.	Street Address
3.	City, State, Zip
4.	Social Security Number
5.	Driver's License Number/State

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

 Date:

 Written Signature:

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 Work Telephone:
 style="text-align: center;">()

 Home Telephone:

You Must Include Proof of Death
ON BIRTH RECORDS 75 YEARS AND UNDER
PLEASE MAKE CHECK PAYABLE TO: McLean County Clerk