

Application for Certified Copy of Vital Record



Kathy Michael, County Clerk
 Government Center
 115 E Washington Street, Room 102
 PO Box 2400 Bloomington, IL 61702-2400
 Phone: (309) 888-5190
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 www.mcleancountyil.gov/countyclerk
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Please Note:

The fee for a birth or marriage record is \$15 and a death record is \$17 for each copy. This includes the search and the first certified copy. Each additional copy of the same record is \$9 for a birth or marriage record and \$11 for a death record. If the record is searched and not located the original search fee of \$15/\$17 still applies. Genealogical record fees are the same and will be two years before and two years after the year given.

Birth Records are available from 1860, Marriage Records from 1831, and Death Records from 1878.

**A COPY (FRONT AND BACK) OF A VALID SIGNATURE ID IS REQUIRED WITH ALL MAIL REQUESTS.
 Note: Your ID must be current (not expired).**

PLEASE MAKE CHECK PAYABLE TO: McLean County Clerk

**Please Check the Type or Types of Records Requested
 Then Fill out the Appropriate Sections Below**

BIRTH: MARRIAGE:
 DEATH: CIVIL UNION:

Birth		No. of Copies:
Name on Record		
Date of Birth		
Father/Parent 1		
Mother-Maiden/Parent 2		
Requested By	<input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Agent Other _____	

Marriage/Civil Union (License/Application*)		No. of Copies: Lic. ___ App. ___
		*Applications can only be acquired a listed partner
Date of Marriage		
Groom/Partner 1		
Bride-Maiden/Partner 2		
Requested By	<input type="checkbox"/> Groom <input type="checkbox"/> Bride <input type="checkbox"/> Partner 1 <input type="checkbox"/> Partner 2 Other _____	

Death		No. of Copies:
Name on Record		
Date of Death		
Requested By	<input type="checkbox"/> Spouse Other _____ Intended Use _____	

I, the undersigned Applicant, swear or affirm that I have completed the foregoing Application for a Certified Copy of a Vital Record and that my relationship to the individual whose name appears on the record requested is correct as stated in said Application.

 Applicant's Signature

 Driver's License Number / State Issued By / Expiration Date

 Date

 Email Address / Phone Number

Address To Which Vital Record Should Be Mailed	
Name	
Address	
City, State, Zip	

Requestor: _____ Date: _____ B: _____ M/CU: _____ D: _____ Rept# _____ Type: _____ Ck#: _____ Amt: _____