

**STEPHENSON COUNTY
REQUEST FOR BIRTH RECORD**

One copy is \$16.00
Each additional \$3.00

**COPY OF CURRENT PHOTO ID REQUIRED
NO PERSONAL CHECKS**

Cash, Cashiers Check or Money Order Payable to:

Stephenson County Clerk
50 West Douglas St, – Suite 500
Freeport, IL 61032

<i>for office use only</i>
REG. NO. _____
SEARCHER'S INITIALS _____

Please note: If record not found a \$10.00 Search Fee will be charged.

Number of copies requested _____

PLEASE PRINT INFORMATION

NAME _____
First name Middle Name Last Name (at birth)

DATE OF BIRTH _____

PLACE OF BIRTH _____

NAME OF FATHER _____

MAIDEN NAME OF MOTHER _____

I, the undersigned, do hereby certify that as the person whose record is sought, or as the parent, guardian, or legal representative of the person, I am legally entitled to this birth record, according to 410 ILCS 535/25(4)(b)

Print your name Signature

Street Address Relationship to person named

City, State, Zip Telephone Number

PLEASE CHECK THE APPROPRIATE LINE

- ___ BIRTH REQUEST IS FOR A MINOR (17 YEARS OR UNDER)
- ___ BIRTH REQUEST IS FOR GENEALOGICAL PURPOSE
- ___ OTHER PURPOSE DOCUMENT NEEDED _____

___ PERSON ENTITLED TO BIRTH RECORD WILL PICKUP

___ MAIL BIRTH RECORD TO PERSON ENTITLED AT THE FOLLOWING ADDRESS

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____