



**JOE AIELLO**  
**SANGAMON COUNTY CLERK**  
 Sangamon County Complex  
 200 South Ninth Street, Room 101 - Spfld, IL 62701  
 (217) 753-6700 • Fax: (217) 535-3233  
 Website: www.sangamoncountyclerk.com

For Office Use Only:

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Employee Initials: \_\_\_\_\_

**REQUEST FOR VITAL RECORDS**

Name of Person Completing Application: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number of Person Completing Application: H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

Number of Copies Requested: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Fraudulent use of any vital records is a Class 4 Felony punishable by imprisonment of up to three (3) years and a fine of \$10,000 or both (410 ILCS 535/27). I 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 a certified copy according to the Vital Records Act contained in the Illinois Compiled Statutes.**

**Signature of Person Applying:** \_\_\_\_\_

**BIRTH RECORDS**

**Fee: \$25 for 1st copy - \$7 for each additional copy (valid ID required)**

Name On Birth Record: \_\_\_\_\_  
First Middle Last (Maiden Name)

Date of Birth: \_\_\_\_\_  
Month Day Year

Your Relationship to Person Named Above (check one):  Self  Mother  Father  Legal Guardian  Other (specify) \_\_\_\_\_

Intended use of record:  Legal purposes  Genealogy  Other(explain) \_\_\_\_\_

Father's Name on Birth Record: \_\_\_\_\_  
First M.I. Last

Mother's Maiden Name on Birth Record: \_\_\_\_\_  
First M.I. Maiden Last Name

**DEATH RECORDS**

**Fee: \$27 for 1st copy - \$9 for each additional copy (valid ID required)**

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Intended use of record:  Legal purposes  Genealogy  Other(explain) \_\_\_\_\_

**MARRIAGE RECORDS**

**Fee: \$25 for 1st copy - \$7 for each additional copy**

Name of Groom: \_\_\_\_\_ Name of Bride (before marriage): \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Relationship to Couple (check one):  Bride/Groom  Other (specify) \_\_\_\_\_

**CIVIL UNION RECORDS**

**Fee: \$25 for 1st copy - \$7 for each additional copy**

Name of Partner A: \_\_\_\_\_ Name of Partner B: \_\_\_\_\_

Date of Civil Union: \_\_\_\_\_

Relationship to Couple (check one):  Partner A/Partner B  Other (specify) \_\_\_\_\_