

BIRTH RECORD REQUEST FORM - FORM A3

A certified copy of a birth record is available at no cost to persons born in Cook County, who are verified as either: homeless; residents of shelters for victims of domestic abuse/violence; and formerly incarcerated or soon to be released inmates or detainees of the Illinois Department of Corrections or Cook County Jail.

Please select one of the following:

- **Homeless**
- **Survivor of Domestic Abuse**
- **Incarcerated (currently or within the past 90 days)**

Name at birth

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

Date of birth

<table>
<thead>
<tr>
<th>Month/Day/Year</th>
</tr>
</thead>
</table>

Place of birth

<table>
<thead>
<tr>
<th>City or Village (in Cook County)</th>
</tr>
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</table>

Name of mother

(if adopted, mother’s name at time of adoption)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name (at time of birth)</th>
</tr>
</thead>
</table>

Name of father

(optional)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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Under Illinois law [410 ILCS 535/25 (4) (b)] a certified copy of a birth record is only available to persons with a “direct and tangible interest” in the record, such as one’s self, parent, guardian or legal representative. Anyone who willfully and knowingly uses or attempts to use any certificate and/or certification for the purposes of deception is guilty of a Class 4 felony [410 ILCS 535/27 (c), (f)] punishable up to three years in prison.

Your name (print)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

Signature

<table>
<thead>
<tr>
<th>First Name</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

Mailing address

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip</th>
</tr>
</thead>
</table>

Relationship to child (if applicable)

<table>
<thead>
<tr>
<th>Relationship to child</th>
</tr>
</thead>
</table>

How would you like to receive this document?

- Mail it to me
- I’ll wait for it today
- I’ll pick it up at a later date

*If requesting the document by mail, please include: 1) a photocopy of your photo identification; 2) a self-addressed stamped envelope

see back for more details
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A certified copy of a birth record is available at no cost to persons born in Cook County, who are verified as either: homeless; residents of shelters for victims of domestic abuse/violence; and formerly incarcerated or soon to be released inmates or detainees of the Illinois Department of Corrections or Cook County Jail.

Formerly incarcerated citizens who have been paroled within the past 90 days can attach a copy of their release papers for verification. Homeless residents, residents of shelters for domestic violence, soon to be released inmates or the formerly incarcerated who have been released in the last 90 days can also have their status verified by a human services, corrections officer, legal services, or other worker that has knowledge of the individual’s status. This includes: a homeless service agency, a domestic violence shelter, an attorney licensed to practice in Illinois, a public school homeless liaison or school social worker or a human services provider.

Two ways to obtain a birth record:

1. By Mail
   Fill out this form and mail your request to:
   Bureau of Vital Records
   P.O. Box 641070
   Chicago, IL 60664-1070

   Fill out the form on the reverse side and include:
   • A photocopy of your photo identification (e.g. driver’s license, or State issued identification, etc.)
   • A self-addressed stamped envelope

2. In-person, at the Cook County Clerk’s Office:
   50 W. Washington St. (Pedway Level, under the Daley Center)
   Or visit one of our five suburban offices. Call (312) 603-7790 or go to www.cookcountyclerk.com for locations and hours.
STATUS CERTIFICATION

The Status Certification is provided for the listed agent or agency to affirm to the named individual's status at the time this certification is completed. It must be received by the Cook County Clerk's office at the time of application. This certification entitles the individual to a free birth certificate.

Please select one of the following:

- Homeless
- Survivor of Domestic Abuse
- Incarcerated (currently or within the past 90 days)*

Applicant’s Name

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

Date of birth

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<tr>
<th>Month/Day/Year</th>
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</table>

I am an individual who falls under the above checked category and reside or receive services from the agency whose name and address are indicated on this document.

Signature

Date

*release papers may be provided as proof of status and therefore agency information is not required.

To be completed by agency/agent:

Agency/Agent Name

Telephone Number

Mailing address

<table>
<thead>
<tr>
<th>Street Address</th>
</tr>
</thead>
</table>

City, State, Zip

Agency Federal Tax ID Number or Attorney Registration Number

Under penalty of perjury, I swear or affirm that I am a representative of the above-referenced Agency and the applicant is a person who is currently residing or receiving services from this Agency.

Printed Name of Agency Employee/Agent Making Certification

Signature

Date