

FULL NAME ON BIRTH RECORD (First, Middle, Last Prior to First Marriage/Civil Union)

PLACE OF BIRTH (Hospital, City or Town, County, State)

DATE OF BIRTH (Month, Day, Year)	SEX	BIRTH CERTIFICATE NUMBER (if known)
----------------------------------	-----	--

FATHER/CO-PARENT'S NAME (First, Middle, Last Prior to First Marriage/Civil Union, Current Legal Last Name)

MOTHER/CO-PARENT'S NAME (First, Middle, Last Prior to First Marriage/Civil Union, Current Legal Last Name)

MAILING ADDRESS (NAME):	AGENCY NAME & AGENCY TAX ID:
-------------------------	------------------------------

STREET ADDRESS:	CITY:	STATE:	ZIP:
-----------------	-------	--------	------

I am an individual experiencing homelessness and reside or receive services from the Agency indicated on this form. I swear or affirm under penalty of perjury that I am the individual listed above or parent of the child listed above and am requesting mine or my child's birth record. If I do not have a current valid ID, I give authorization to the Agent listed below to request the record on my behalf.

Signature of Person Receiving the Record: _____ **Date:** _____
Signature of either person listed on the above birth record or parent listed on the birth record

Signature of Employee making Verification Required
I swear or affirm under penalty of perjury that I am a representative of the Agency listed above and the requestor listed on this form is receiving services from this Agency, I am qualified and able to verify the Identity / Homeless Status of the applicant as the person entitled to receive the record.

Signature: _____ **Date:** _____

IF THE ID OF THE PERSON NAMED ON THE RECORD IS INCLUDED, NO ADDITIONAL ITEMS ARE NEEDED

IF THE PERSON RECEIVING THE RECORD DOES NOT HAVE ID, PLEASE HAVE THE VERIFYING AGENT COMPLETE THIS FORM IN THE PRESENCE OF A NOTARY, AUTHORIZING THE AGENT MAKING THE VERIFICATION TO REQUEST THE RECORD ON THEIR BEHALF. NOTARIZED SIGNATURE WILL NOT BE REQUIRED IF THE VERIFYING AGENT IS AN ATTORNEY OR MEMBER OF THE CONTINUUM.

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature: _____
(Notary Public)

NOTARY SEAL

Include the following information with your request:

1. Form completed in full and printed on Agency Letterhead
2. Copy of the valid photo identification of the applicant or Agent listed above
3. If the individual on the record is under 18, requestor must be a parent, have guardianship or legal documentation showing entitlement.

This document shall be presented to the County Clerk in the county the birth occurred in.

For a list of appropriate Illinois County Clerk addresses go to:
www.iaccr.net/index

OR if there is a question on the County the birth occurred in, mail to the Illinois Department of Public Health, Division of Vital Records, 925 E. Ridgely Avenue, Springfield, IL 62702-2737

NOTE: Any person who, willfully and knowingly uses or attempts to use, or furnishes to another for use, for any purpose of deception, any certificate, record, report, certification or certified copy thereof so made, altered, amended, or mutilated; or, Any person who with the intention to deceive, willfully uses or attempts to use any certification or certified copy of a record of birth knowing that such certification or certified copy was issued upon a record that is false in whole or in part or that relates to the birth of another person, is guilty of a Class 4 felony in the State of Illinois (ILCS 410/535/27(f)).