



State of Illinois
Illinois Department of Public Health

ELIGIBILITY TO OBTAIN AN ILLINOIS BIRTH RECORD OF A DECEASED INDIVIDUAL

Before a request for a copy of a birth certificate of a deceased individual can be considered, you must complete this form in its entirety, include your relationship to the decedent and provide proof of the death. 410 ILCS 535/25.1 states that the copy you'll receive will prominently display the word "DECEASED" and the date of death of the deceased person.

ACCEPTABLE PROOF OF ID

If you do not have a NON-EXPIRED, GOVERNMENT ISSUED PHOTO ID, such as a driver's license (if yours has an extension sticker, copy both sides of it) or state issued photo identification (ID), we need TWO pieces of documentation with your name, one of which must show your current address, to prove your identity. ONE piece of documentation can be a bill or other mail. The OTHER piece of documentation must be one of the following items listed below:

- **Medical/car insurance card**
- **Credit card statement**
- **Paycheck stub with imprinted information**
- **Voter's registration card**
- **Car registration paperwork**
- **Bank statement**
- **Public assistance card**
- **Active duty military ID w/ issued and expiration dates**
- **EBT Link Card (Illinois Electronic Benefit Transfer)**

SOCIAL SECURITY CARDS ARE NOT ACCEPTABLE

Matrícula Consular card issued after October 2006 is acceptable on its own. However, if issued prior to October 2006, we need ONE additional type of documentation showing current address as noted above. If you do not have any of the items listed above, please submit a copy of a current utility bill (electricity, cellular phone, water, etc.) showing your name and current address.

If you are currently incarcerated, you can submit a dated copy of your prison intake/offender summary sheet containing your photo. If you have been released from prison within the last six months, a copy of the release papers along with the prison photo ID will be accepted.

If you are writing from a state or federal agency, you can submit a copy of your photo work badge with issued and expiration dates.



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Application for Search of Birth Record Files of a Deceased Individual

The state began recording birth records on January 1, 1916.

Birth Information		
DECEDENT'S BIRTH NAME (First, Middle, Last Prior to First Marriage/Civil Union)		
PLACE OF BIRTH (Hospital, City or Town, County)		
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)		
MOTHER/CO-PARENT'S NAME (First, Middle, Last Prior to First Marriage/Civil Union)		

MUST PROVIDE COPY OF DEATH CERTIFICATE AS PROOF OF DEATH

Information about the Death of the Individual
LEGAL NAME AT TIME OF DEATH (First, Middle, Last)
NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION
DATE OF DEATH (Month, Day, Year)
PLACE OF DEATH (City, State)

I affirm, under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief.

Signature _____ Date _____
Home Telephone _____

Individual Requesting Copies
PRINT NAME (First, Middle, Last)
STREET ADDRESS
CITY, STATE, ZIP
SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER/STATE OF ISSUE
RELATIONSHIP TO DECEDENT

Work telephone _____

IL Law (ILCS410/535/25(1)) requires advance payment for search of files. This \$10.00 search fee is non-refundable.

Additional copies of the same record requested at the same time are \$2.00 each. Please indicate below the type and number of copies requested, and return this form with the proper fee and a legible copy of your non-expired, government issued photo ID. (see other side for acceptable proof of ID)

DO NOT SEND CASH — Make check or money order payable to **ILLINOIS DEPARTMENT OF PUBLIC HEALTH.**

<p>Birth certificate (with following items: name, date of birth, sex, place of birth, mother/co-parent's maiden name, mother/co-parent's place of birth, mother/co-parent's age, father/co-parent's name, father/co-parent's place of birth, father/co-parent's age, file date, date issued and State File number)</p> <p>\$10.00 first copy \$2.00 each additional copy</p> <p>Amount enclosed \$ _____ for _____ total copies</p>	<p>Birth certificate (with information collected at the time of birth - information has varied throughout the years)</p> <p>\$15.00 first copy \$2.00 each additional copy</p> <p>Amount enclosed \$ _____ for _____ total copies</p>
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<p>MAIL TO: Illinois Department of Public Health, Division of Vital Records, 925 E. Ridgely Avenue, Springfield, IL 62702-2737 For more information - www.idph.state.il.us/vitalrecords/index.htm</p>
