

**IF REQUESTING BIRTH RECORD OF DECEASED PERSON--PLEASE SO STATE.**  
**PLEASE PRINT**

Cash \_\_\_\_\_

Application for search of birth record files-----\$15.00/\$5.00 additional copy Check \_\_\_\_\_  
Request must be made by the person, if of legal age, or by a parent of the person to whom the record relates.

N/C \_\_\_\_\_

Full name on birth record: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth(City or Township): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's full maiden name: \_\_\_\_\_

The statutory fee for a SEARCH of the birth record files is \$15.00. If the record is found, one certified copy is furnished. Additional copies of the same record issued at the same time for \$5.00 each.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship (CIRCLE ONE): Self, Mother, Father, Legal Representative

Requestor's last four digits of Soc. Sec. # or Dr. Lic. #: \_\_\_\_\_ Phone( ) \_\_\_\_\_

If this request is for GENEALOGICAL PURPOSES, PLEASE CHECK HERE: \_\_\_

**DO NOT FAX OR SEND THIS COMPLETED  
FORM VIA INTERNET, you must send it to us  
via mail so we have your original signature on file.**

**Our mailing address is:  
Montgomery County Clerk  
PO Box 595  
Hillsboro, IL 62049**

**Questions? Call us at (217) 532-9530 M-F 8-4.**