



Application for Birth/Death Record

CITY OF EDWARDSVILLE, ILLINOIS

118 HILLSBORO AVE EDWARDSVILLE IL 62025

To obtain a certified copy of a Birth or Death Record, complete and return this form **with a copy of a government issued ID**, along with the **required fee** of \$15.00 for the first copy, and \$4.00 for each additional copy.

PLEASE FURNISH THE APPLICANT WITH CERTIFIED COPIES OF THE BIRTH/DEATH RECORD OF: # NEEDED _____

FULL NAME OF CHILD/DECEDENT FIRST MIDDLE LAST

DATE OF BIRTH/DEATH MONTH DAY YEAR

PLACE OF BIRTH/DEATH (HOSPITAL, STREET, NURSING HOME) CITY OR TOWN

APPLICANT'S NAME

RELATIONSHIP TO THE CHILD/DECEDENT

APPLICANT'S ADDRESS STREET CITY STATE ZIPCODE

PURPOSE FOR WHICH CERTIFICATE WILL BE USED

NOTE: Birth and Death Certificates are confidential records and copies can be issued only to persons entitled to receive them.

Please check here if you would like the record to be mailed and fill out name and address information below.

Applicant's Signature _____ Date _____

Mail copies to:

NAME

ADDRESS

CITY STATE ZIP CODE