

**JACKSON COUNTY HEALTH DEPARTMENT
REQUEST FOR CERTIFIED COPY OF BIRTH RECORD**

Please provide the following information about the CHILD:

Name of child as it appears on the certificate: _____ Child's date of birth: _____

Please provide the following information about YOURSELF

Your name: _____ Relationship to child: _____

Your maiden name: _____ Your date of birth: _____

Your address: _____

Phone number: _____ Driver's license #: _____

Your signature: _____

of certificates needed: _____
Fee is \$18 for the first certificate and \$4 for each additional copy.

Total Amount enclosed: _____

Method of payment: (select one)

Money Order

Check

Credit Card

If paying with a credit card, please provide the following information:

We accept VISA/MASTERCARD/DISCOVER

Cardholder name: _____

Card#: _____

Expiration: _____

State of _____)

) SS.

County of _____)

The undersigned, a notary public in and for the above county and state, certifies that

_____, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth, and certified to the correctness of the signature(s) of the agent(s).

Dated: _____

Notary Public

SEAL

My commission expires _____

According to the Vital Records Act, the local registrar may provide a certified copy of birth to: (1) a parent listed on the birth certificate; or (2) a legal guardian presenting evidence of guardianship.

Applicants are to complete this form and sign in the presence of a notary.

Mail completed application, check or money order, and copy of your valid driver's license or other government issued identification to:

Vital Records
Jackson County Health Department
PO Box 307
Murphysboro, IL 62966

For CREDIT CARD PAYMENT ONLY,

You may fax this notarized form to 618-684-6023.

Please include a copy of your driver's license or other government issued identification.

If you have any questions, please call 618-684-3143 (ext. 104)

OFFICE USE ONLY: Fee Received: _____ Initials _____ Sent _____ Date _____

Circle one: Check (# _____) MO _____ CC _____