

Jackson County Health Department
P O Box 307, Murphysboro, IL 62966
(618) 684-3143
REQUEST FOR CERTIFIED COPY OF BIRTH RECORD
(Print and send both pages of request)

If you were born before 1985, you must contact the Jackson County Clerk, 618-687-7360

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: _____ Date: _____

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.

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

My commission expires _____

SEAL

Notice of Language Assistance:

Jackson County Health Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-618-684-3143

Jackson County Health Department cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-618-684-3143.

Jackson County Health Department postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-618-684-3143.

Fee is \$18 for the first certificate and \$4 for each additional copy.

of certificates requested _____

Total Amount Enclosed: _____

Method of payment: (select one)

- Money Order
- Check
- Credit Card --- --- --- --- --- --- --- --- ---

We accept VISA/Mastercard/Discover/American Express

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

Cardholder Name: _____

Card #: _____

Type of Card: MC VISA Discover American Express (circle one)

Expiration _____ CVV (# on back) _____

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

Handling Fees: Under \$50-\$1.75 fee, Over \$50-3.5% of Total

For CREDIT CARD PAYMENT ONLY, you may fax this form to 618-684-6023

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

OFFICE USE ONLY: ID _____ Initials _____ Fee
Received \$ _____ Mailed _ Check Cash CC