

# *City of Belvidere ~ Illinois*

City Hall: 401 Whitney Blvd.  
 Belvidere, Illinois 61008-3710  
 (815) 544-2612 ~ Fax (815) 544-3060

## APPLICATION FOR SEARCH OF BIRTH RECORD FILES

Full Name:		First	Middle	Last
Place of Birth:		Hospital / Address		City, Village, or Twp.
County				
Date of Birth:	Month / Day / Year	Sex	Race	Mother's Maiden Name:
Full Name of Mother:		Full Name of Father:		

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Date of Request		Intended Use of Record	
Application made by: Name		Mail copy to: Name	
Street Address		Street Address	
City	State	Zip	
Applicant's Relationship:		Type of Current/Valid Photo ID (copy attached)	
Number of Copies Desired	Amount Enclosed		Money Order, Cash, or Certified Check

Please make check payable to "City of Belvidere".

Cost of Certificates: \$14.00 for the first copy, and \$6.00 for each additional copy.

Certified copies will be mailed after request and payment have been received.

Any request for a certified copy of a vital record requires a copy of the applicant's current/valid photo ID per the Illinois Division of Vital Records. Please present a current/valid photo ID when applying in person, or attach a copy if applying via mail. Thank you.