

Rock Island County Health Department

Health Promotion & Education Group * Vital Records

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

Under Illinois State Law (410 ILCS 535 – Vital Records Act) only specific individuals have legal access to birth and death certificates. The Rock Island County Health Department Vital Records program will issue certificates only to authorized individuals. To do otherwise is a violation of Illinois law. Vital Records are not considered public information, nor are they subject to the Freedom of Information Act.

To obtain a Birth Record, you must be:

- Of legal age (18 or an emancipated minor) if requesting your own birth certificate.
 - The mother of the child whose birth certificate is being requested.
 - The father of the child **if you are listed** on the birth certificate. A father who is not listed on the birth certificate does not have legal access to a copy of that certificate.
 - A legal Guardian with documentation to show this.
- \$12.00 1st Certified Copy/\$6.00 Add'l copies of same record at the same time

To obtain a Death Record, you must be

- The informant listed on the death certificate.
 - The next of kin.
 - Someone who has a personal or property right interest in the record, and documentation to show this.
- \$15.00 1st Certified Copy/\$9.00 Add'l copies of same record at the same time

YOU MUST SHOW A PHOTO I.D. IN ORDER TO RECEIVE A VITAL RECORD
 (copy of photo I.D. must be submitted with mail orders)

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|--|-------|-----------|----------------------------------|
| Type of Record Requested: | | ___ Birth | ___ Death |
| Full Name of Person on Record | | | |
| | First | Middle | Last |
| Place of Birth / Death | | Hospital | City or Town State |
| Date of Birth / Death | | Month | Day Year |
| Mother's Name on Record | | | |
| | First | Middle | Maiden Name Current Married Name |
| Father's Name on Record | | | |
| | First | Middle | Last |
| Record Requested By: | | Date | |
| (Your Written Signature) | | | |
| Address | | | |
| Your Relationship to the Name on the Record: | | ___ Self | ___ Mother ___ Father ___ Other |
| (If OTHER, please explain) | | | |
| Intended Use of Record | | | |
| Number of Copies | | | |