

BIRTH

\$14 for one copy, \$4 for each additional copy issued at the same time. Make check or money order payable to: Coles County Clerk (**Please send one copy of a driver's license or state-issued photo ID** with all requests). Before completing this application, be certain the birth occurred in Coles County, Illinois. Please print clearly and legibly. When requesting a certificate by mail, please include a self-addressed, stamped envelope.

Number of Copies _____

Name on Record _____
(First Name) (Middle Name) (Last Name)

Date of Birth _____ Place of Birth _____
City, Town or Village

Name of Father on Record _____

Name of Mother on Record _____
(First Name) (Middle Name) (Last Name)

I, the undersigned, do hereby certify that as the person whose record is sought, or as the parent, guardian, or legal representative of the person, I am legally entitled according to the Illinois State Statute.

(Print your Name) (Your Signature)

(Address) (Relationship to person on document)

(City) (Area Code and Phone Number)

(e-mail Address)

Please check the Appropriate Box

- Birth Certificate is requested for a minor (17 years of age and younger)
 Birth Certificate is requested for a genealogical purpose
 Birth Certificate is requested for the following purpose (please specify):

Mail to (Name): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Sue Rennels, Coles County Clerk/Recorder
651 Jackson Ave., Rm. 122
Charleston, IL 61920