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For Office Use Only:

Date: _____

Amount: _____

Employee Initials: _____

REQUEST FOR VITAL RECORDS

Name of Person Completing Application: _____

Address: _____
Street City State Zip

Phone Number of Person Completing Application: H () _____ W () _____

Number of Copies Requested: _____ E-mail address: _____

Fraudulent use of any vital records is a Class 4 Felony punishable by imprisonment of up to three (3) years and a fine of \$10,000 or both (410 ILCS 535/27). I 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 to a certified copy according to the Vital Records Act contained in the Illinois Compiled Statutes.

Signature of Person Applying: _____

BIRTH RECORDS

Fee: \$18 for 1st copy - \$6 for each additional copy (valid ID required)

Name On Birth Record: _____
First Middle Last (Maiden Name)

Date of Birth: _____
Month Day Year

Your Relationship to Person Named Above (check one): Self Mother Father Legal Guardian Other (specify) _____

Intended use of record: Legal purposes Genealogy Other(explain) _____

Father's Name on Birth Record: _____
First M.I. Last

Mother's Maiden Name on Birth Record: _____
First M.I. Maiden Last Name

DEATH RECORDS

Fee: \$22 for 1st Copy - \$10 for each additional copy (valid ID required)

Name of Deceased: _____

Date of Death: _____ Relationship to Deceased: _____

Intended use of record: Legal purposes Genealogy Other(explain) _____

MARRIAGE RECORDS

Fee: \$18 for 1st copy - \$6 for each additional copy (valid ID required)

Name One: _____ Name Two (maiden if applicable): _____

Date of Marriage: _____ Relationship to Couple (check one): Self Other (specify) _____

CIVIL UNION RECORDS

Fee: \$18 for 1st copy - \$6 for each additional copy (valid ID required)

Name of Partner A: _____ Name of Partner B: _____

Date of Civil Union: _____

Relationship to Couple (check one): Partner A/Partner B Other (specify) _____