

# STEPHENSON COUNTY REQUEST FOR BIRTH RECORD

One copy is \$16.00  
 Each additional \$3.00  
 Genealogical non-certified copy is \$10.00 *(Records 75 years or older)*  
**Please NOTE: If record is not found a \$10.00 Search Fee will be charged**

**FOR OFFICE USE ONLY**

REG. NO. \_\_\_\_\_

SEARCHER'S INITIALS \_\_\_\_\_

**COPY OF CURRENT PHOTO ID REQUIRED**

**NO PERSONAL CHECKS**

**CASHIER'S CHECK OR MONEY ORDER PAYABLE TO:**

**Stephenson County Clerk  
 50 W. Douglas St. ~ Ste. 500  
 Freeport, IL 61032**

Number of Copies Requested \_\_\_\_\_

**PLEASE PRINT INFORMATION:**

Name: \_\_\_\_\_  
   First  Middle  Last

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Maiden 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 to this birth record, according to 410 ILCS 535/25(4)(b).

PRINT NAME \_\_\_\_\_ Signature \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relation to Person Named \_\_\_\_\_ Telephone Number \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE LINE:**

- BIRTH REQUEST IS FOR A MINOR *(17 years or under)*
- BIRTH REQUEST IS FOR GENEALOGICAL PURPOSES *(Records 20 years or older)*
- OTHER PURPOSE FOR REQUEST OF DOCUMENT: \_\_\_\_\_

- PERSON ENTITLED TO BIRTH RECORD WILL PICKUP
- MAIL BIRTH RECORD TO PERSON ENTITLED AT THE FOLLOWING ADDRESS

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_