

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.
Date of Birth:		Month / Day / Year	Sex	Race
Full Name of Mother:		Full Name of Father:		

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:	Applicant Phone #:	Type of Current/Valid Photo ID (copy attached)	
Number of Copies Desired	Amount Enclosed	Money Order, Cash, or Certified Check	

 Signature of Applicant

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.