

Official Birth Record Order Form

A separate order form is required for each person.

To order a legal copy of a birth record:

1. Fill out this form
2. **Photocopy your driver's license or state i.d.**
(front & back)



**DUPAGE COUNTY
HEALTH DEPARTMENT**

IF MAILING THE FORM SEND TO:
111 N. County Farm Road
Wheaton, IL 60187
Attn: Vital Records

Name of Child: _____
First Middle Last Name

Date of Birth: _____ Hospital: _____
Month / Day / Year

Father's/Co-Parent's Full Name: _____
First Middle Last Name

Mother's/Co-Parent's Full Name: _____
First Middle Maiden Name

I do hereby certify that as said party, parent guardian or legal representative, I am legally entitled, according to (410 ILCS 535/25) to receive the requested copy.

Name of requestor: _____

Signature: _____

	Fee		Qty		
The fee is \$14.00 for the first copy.	\$14.00	X	1	=	\$14.00
Each additional copy is \$2.00 for the same record ordered at the same time.	\$2.00	X		=	
Postage and Handling	\$3.00			=	
<u>Total amount enclosed</u>				=	

Check or money order made payable to the DuPage County Health Department
(do not send cash or credit card information through the mail).

Your Telephone Number: _____

For Mail Only

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

For Office Use Only

Date: _____ # of Copies: _____

DL#/ID#/Other: _____

Identity Verified: Yes No Amount Received: _____

Payment Method: _____

Mail Walk-in Initials: _____