

Application for Search of Birth Record Files of Deceased Person

This application form is prescribed and furnished by the Illinois Department of Public Health as set forth in
410 ILCCS 535/25.1

Section A - Birth Information

1. Name at Birth	First	Middle	Last
2. Place of Birth	Hospital	City or Town	County
3. Date of Birth	Month	Day	Year
			4. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
	5. Birth Number (if known)		
6. Father's Full Name	First	Middle	Last
7. Mother's Full Name	First	Middle	Last
	8. Mother's Maiden Surname		

Section B - Death Information

Section C - Applicant Information

1. Full Legal Name at Death (First, Middle, Last)	1. Name (First, Middle, Last)
2. For Female Decedents, Maiden Surname	2. Street Address
3. Date of Death	3. City, State, Zip
	Month/Day/Year
4. Place of Death	4. Social Security No.
	City, State
5. Relationship to Decedent	5. Driver's License Number/State

I affirm, under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief.

Date _____ Work Telephone (____) _____

_____ Home Telephone (____) _____

Written Signature

Must show proof of death

SP5919B