



Charles L. Redpath Sr.

Office of the City Clerk
Vital Records
300 S. 7th St. Room 106
Springfield, IL. 62701-1688
Phone: 217-789-2216 Fax: 217-789-2144

PAYMENT METHOD:
CASH
MONEY ORDER
CASHIER'S CHECK
CREDIT CARD
AGENCY

APPLICATION FOR SEARCH OF BIRTH RECORDS
SANGAMON COUNTY RECORDS ONLY -JANUARY 1985-PRESENT
MUST PROVIDE PHOTO IDENTIFICATION

Name on Certificate: _____
First Middle Last

Place of Birth: _____
City Hospital

Date of Birth: _____
Month Day Year

Mother: _____
First Middle Last

Mother/Father/Co-Parent: _____
First Middle Last

Your Name: _____
First Middle Last

Address: _____
Street City State/Zip Code Phone Number

Relationship to Person Named Above: _____

Copies: _____ Identification Type: _____

Signature: _____ Date: _____

If you would like your record mailed, please send a copy of your photo identification with your completed application for birth record. Please provide the address if different from above.

Address: _____
Street City State Zip Code

BIRTH CERTIFICATE FEE:
\$17.00 FOR THE FIRST COPY - \$7.00 FOR EACH ADDITIONAL COPY PER VISIT

ACCEPTED FORMS OF PAYMENT:
CASH, MONEY ORDER, CASHIER'S CHECK, CREDIT CARD
PAYABLE TO: CITY OF SPRINGFIELD