

Application for Certified Copy of Vital Record



Lynn Foster, County Clerk
 Courthouse Annex
 6 N. Vermilion St.
 Danville, IL 61832
 Phone: (217) 554-1900
 Fax: (217) 554-1914
www.vercounty.org
 E-Mail: coclerk@vercounty.org

Please Note:

The fee for a birth, death, or marriage or civil union record is \$10.00 for the first certified copy. Each additional certified copy of the same birth, marriage, or civil union record ordered at the same time is \$4.00. Each additional certified copy of the same death record ordered at the same time is \$6.00. Genealogical fees are the same. Birth records are available from 1858, marriage records from 1826, and death records from 1877.

A COPY OF A SIGNATURE ID IS REQUIRED WITH ALL MAIL REQUESTS

Please make checks payable to: Vermilion County Clerk
 (*Money order or cashier's check is required for mail-in requests*)

Please check the type or types of records requested then fill out the appropriate sections below.

BIRTH:
 DEATH:

MARRIAGE:
 CIVIL UNION:

BIRTH		# of Copies: _____	Record #: _____
Full Name on Record			
Date of Birth			
Mother's Name (include Maiden)			
Father's Full Name			
Requested By	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Self <input type="checkbox"/> Other

MARRIAGE (or CIVIL UNION)		# of Copies: _____	Record #: _____
Date of Marriage/Civil Union			
Groom's Name/Partner A			
Bride's Name/Partner B			
Requested By	<input type="checkbox"/> Bride	<input type="checkbox"/> Groom	<input type="checkbox"/> Partner A/B <input type="checkbox"/> Other _____

DEATH		# of Copies: _____	Record #: _____
Full Name on Record			
Date of Death			
Requested By	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other _____	Intended Use _____

I, the undersigned Applicant, swear or affirm that I have completed the foregoing Application for a Certified Copy of a Vital Record and that my relationship to the individual whose name appears on the record requested is correct as stated in said Application.

PLEASE FILL OUT

Applicant Signature _____

Address _____

City/State/Zip _____

Phone# _____

Address to Which Vital Record Is To Be Mailed

Name: _____

Address: _____

City/State/Zip: _____

OFFICE USE ONLY _____ EMPLOYEE _____

DL# or ID _____ Date: _____