

# VILLAGE OF EVERGREEN PARK DIVISION OF VITAL RECORDS

## APPLICATION FOR CERTIFIED BIRTH RECORDS

**CERTIFIED COPIES - \$10.00 - ADDITIONAL CERTIFIED COPIES - \$2.00 EACH\*\***

\*\*MUST BE ISSUED AT THE SAME TIME FOR THE SAME PERSON

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DATE OF APPLICATION: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### BIRTH CERTIFICATE FOR:

FIRST NAME:	MIDDLE NAME:	LAST NAME (OR MAIDEN NAME IF MARRIED):	
HOSPITAL OF BIRTH: <b>LITTLE COMPANY OF MARY</b>	TOWN: <b>EVERGREEN PARK</b>	COUNTY: <b>COOK</b>	
MONTH OF BIRTH:	DATE OF BIRTH:	YEAR OF BIRTH:	
<b>CO-PARENT # 1</b> FIRST NAME:	MIDDLE NAME:	LAST NAME:	
<b>CO-PARENT # 2</b> FIRST NAME:	MIDDLE NAME:	MAIDEN NAME:	MARRIED NAME:

APPLICATION MADE BY:		MAIL COPY TO: (IF DIFFERENT FROM APPLICANT)	
APPLICANT'S SIGNATURE:		APPLICANT'S SIGNATURE:	
ADDRESS:		ADDRESS:	
CITY:	STATE:	CITY:	STATE:
ZIP CODE:	PHONE #:	ZIP CODE:	PHONE #:
RELATIONSHIP:		INTENDED USE OF DOCUMENT:	

**NOTE:** BIRTH CERTIFICATES ARE CONFIDENTIAL RECORDS AND CAN ONLY BE ISSUED TO THE PERSONS ENTITLED TO RECEIVE THEM. THE APPLICATION MUST INDICATE THE REQUESTOR'S RELATIONSHIP TO THE PERSON AND INTENDED USE OF THE DOCUMENT. (SEE OPPOSITE SIDE)