



BERWYN PUBLIC HEALTH DISTRICT

BIRTH CERTIFICATE REQUEST FORM

\$15.00 for FIRST certified copy
\$4.00 for each additional copy

of Copies Requested:

Person requesting record (check appropriate box):

- ☐ Individual Named on Record
- ☐ Parent, Legal Guardian or Legal Representative of Individual on Record

Individual's Full Name on Record _____ Date of Birth _____

Birthing Parent / Mother's Full Maiden Name _____ Date of Birth _____

Co-Parent / Father's Full Name _____ Date of Birth _____

Email _____

Address _____

Phone Number _____

I do hereby attest that as the individual requesting this record, I am legally entitled to a certified copy of this record either personally being of age; as a parent, guardian, legal representative, or agent of the person whose record I am requesting; or because I am otherwise entitled to the record according to Illinois Compiled Statutes (410 ILCS 535/25) I acknowledge that an individual who commits fraudulent use of a vital record is guilty of a Class 4 felony, punishable by up to three (3) years of imprisonment.

Signature _____ Date _____

Proper Identification No. _____

Acceptable Forms of Identification

Must provide one (1) valid identification document

- Driver's License (issued within United States)
- State ID (issued within United States)
- US or Foreign Passport with Signature
- US Immigration Card (Resident Alien)
- Consulate ID Card
- US Naturalization Certificate
- Military Identification Card with Signature

If you do not have any of the above forms of identification, you must present two (2) of the following documentation:

- Social Security Card with Signature
- Voter Registration Card (issued within 90 days)
- W-2 form (current year)
- Utility Bill (within 60 Days)
- Bank Statement (within 90 days)
- Vehicle Registration Card
- Employee ID Card with Photo
- School ID Card with Photo
- VA Medical Card
- Public Aid Medical Card
- Native American Tribal Document

Requesting a record by mail:

- Complete all information on request form
- Sign on Signature line
- Include photocopy of your Identification Document
- Include payment info or send a money order payable to "Berwyn Public Health District"
- Send all items to vitals@berwynthtownship.org or

Berwyn Public Health District
Vital Records Dept
6600 W 26th Street
Berwyn, IL 60402

Name of Card Holder: _____
Credit/Debit Card #: _____
Expiration Date: _____
CVC: _____
Billing Zip Code: _____