



## Application for Search of Birth Record Files of a Deceased Infant

Section A - Birth Information		
NAME (First, Middle, Last)		
PLACE OF BIRTH (Hospital, City or Town, County)		
DATE OF BIRTH (Month, Day, Year)	SEX	BIRTH CERTIFICATE NUMBER (if known)
FATHER/CO-PARENT'S CURRENT LEGAL NAME (First, Middle, Last)		
FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION (First, Middle, Last)		
MOTHER/CO-PARENT'S CURRENT LEGAL NAME (First, Middle, Last)		
MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION (First, Middle, Last)		
Section B - Child's Information	Section C - Applicant Information	
FULL LEGAL NAME OF INFANT (First, Middle, Last)	NAME (First, Middle, Last)	
	STREET ADDRESS	
DATE OF BIRTH (Month, Day, Year)	CITY, STATE, ZIP CODE	
PLACE OF DEATH (City, State)	SOCIAL SECURITY NUMBER	
ARE YOU THE MOTHER OF THE DECEASED INFANT? <input type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE/STATE ID NUMBER	STATE ISSUED
I affirm, under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief.		
		Work Telephone _____
Signature _____	Date _____	Home Telephone _____
<b>Certified Copy \$15.00</b>	I have received at least one certified copy of this record prior to this request. <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Application Instructions

The application must be completed by the mother listed on the birth certificate of the deceased child. To qualify for a copy of a birth record for a deceased infant without the deceased stamp, the child must have died within 90 days of the birth. Additionally, the request must be made within nine months from the date of death.

Only the mother of the child named on the birth certificate is entitled to order one certified copy of the birth certificate that is not marked "DECEASED." The cost for the certified copy is \$15. The application must be fully completed (all boxes) or it will be returned to the requestor.

**DO NOT SEND CASH** — Make check or money order payable to Illinois Department of Public Health.

Mail to: Division of Vital Records  
925 E. Ridgely Ave.  
Springfield, IL 62702-2737