Application for Certified Copy of Vital Record

Kathy Michael, County Clerk
Government Center
115 E Washington Street, Room 102
PO Box 2400 Bloomington, IL 61702-2400
Phone: (309) 888-5190
Fax: (309) 888-5932
www.mcleancountyil.gov/countyclerk
Email: kathy.michael@mcleancountyil.gov

Please Note:

The fee for the first certified copy of a birth record is $30; for a death record, $35 and for a marriage record $28. This includes the search. Each additional copy of the same record is $10 for birth, marriage, and death records. If the record is searched and not located, the fee for the first copy still applies to the search. Genealogical record fees are the same, and the search will include two years before and two years after the year given.

Birth Records are available from 1860, Marriage Records from 1831, and Death Records from 1878.

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

Note: ID must be current (not expired). If the expiration date is on the back, provide a front and back copy.

PLEASE MAKE CHECK PAYABLE TO: McLean County Clerk

Please Check the Type or Types of Records Requested Then Fill out the Appropriate Sections Below

BIRTH: ☐ MARRIAGE: ☐
DEATH: ☐ CIVIL UNION: ☐

Birth	No. of Copies:
Name on Record	
Date of Birth	
Father/Parent 1	
Mother-Maiden/Parent 2	
Requested By	☐ Parent ☐ Self ☐ Agent Other_____

Marriage/Civil Union (License/Application*)	*Applications can only be acquired a listed partner	No. of Copies: Lic.___ App.___
Date of Marriage		
Groom/Partner 1		
Bride-Maiden/Partner 2		
Requested By	☐ Groom ☐ Bride ☐ Partner 1 ☐ Partner 2 Other_____	

Death	No. of Copies:
Name on Record	
Date of Death	
Requested By	☐ Spouse Other_____ Intended Use_____

I, the undersigned Applicant, swear or affirm that I have completed the foregoing Application for a Certfied 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.

Applicant's Signature

Driver's License Number / State Issued By / Expiration Date

Date

Email Address / Phone Number

Address To Which Vital Record Should Be Mailed	
Name	
Address	
City, State, Zip	

Requestor: Date: B: M/CU: D: Rept# Type: Ck#: Amt: