

SANDY LEITHEISER
MONTGOMERY COUNTY CLERK/RECORDER

#1 Courthouse Square, P.O. Box 595
Hillsboro, IL 62049-0595
Phone (217) 532-9530 Fax (217) 532-9581
E-mail: countyclerk@montgomerycountyil.gov
Website: www.montgomerycountyil.gov
Hours: Monday-Friday 8am-4pm

This completed form cannot be faxed or emailed. It must be mailed to PO Box 595 or delivered in person.

REQUEST FOR VITAL RECORDS

Photo ID Required for all Records (see website for details) ---Must be 18 or older.

Name of Person Completing Application: _____

Address: _____
Street City State Zip

Phone Number: (____) _____

Fraudulent use of any vital records is a Class 4 Felony punishable by imprisonment of up to three (3) years and a fine of \$10,000 or both (410 ILCS 535/27). I do hereby certify that, as the person whose record is sought, or as the parent, guardian, or legal representative of the person, I am legally entitled to a certified copy according to the Vital Records Act contained in the Illinois Compiled Statutes.

★ **Signature of Person Applying:** _____

BIRTH RECORDS

If requesting a birth record of a deceased person, please contact us.

Fee: \$19 for 1st copy - \$6 for each additional per visit Number of Copies: _____

Name on Birth Record: _____
First Middle Last (Maiden Name)

Date of Birth: _____ Relationship (circle one): Self Mother Father Legal Representative

Father's Name: _____
First Middle Last

Mother's Maiden Name: _____
First Middle Last

DEATH RECORDS

Fee: \$23 for 1st copy - \$10 for each additional per visit Number of Copies: _____

Name of Deceased: _____

Date of Death: _____ Place (City, Town or Village) of Death: _____

Relationship to Deceased: _____

Applicant certifies they have a personal or property right interest in the death certificate requested.

MARRIAGE or CIVIL UNION RECORDS

Fee: \$19 for 1st copy - \$6 for each additional per visit Number of Copies: _____

1st Name on Record: _____
First Middle Last (Maiden Name if applies)

2nd Name on Record: _____
First Middle Last (Maiden Name if applies)

Date of Marriage: _____ Place (City, Town or Village) of Marriage: _____

Relationship to Couple (circle one): Self Other (specify) _____