

## Application for Certified Copy of Vital Record

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1 Courthouse Square  
Macomb, Illinois 61455  
Phone: 309-833-2474

**PLEASE NOTE:**

The fee for a vital record is \$10.00 for Birth or Marriage, \$15.00 fee for Death. This includes the search and the first certified copy. Each additional certified copy of the same Record is \$5.00 for Birth or Marriage and \$10.00 for Death. If the record is searched and not located, the original search fee of \$10.00 still applies. Fees are the same for copies of certified Genealogical records. Birth Records are available from 1858, Marriage Records from 1830, and Death Records from 1877.

- **A SELF-ADDRESSED STAMPED ENVELOPE MUST BE INCLUDED**
- **A COPY OF A SIGNATURE ID IS REQUIRED WITH ALL MAIL REQUESTS**
- **PLEASE MAKE CHECK PAYABLE TO: McDonough County Clerk**
- **If you are requesting multiple types of documents you only need to fill out one application, but you will need to fill out each section for the document(s) you are requesting.**
- Then fill out the appropriate sections below

BIRTH CERTIFICATE			<i>Number of Copies:</i>
<b>Name on Record →</b>	First Name	Middle Name	Last Name at <u>Birth</u>
<b>Date of Birth →</b>	Date of Birth		
<b>Mother (Maiden) →</b>	First Name	Middle Name	Last Name (maiden)
<b>Father →</b>	First Name	Middle Name	Last Name
<b>Requested By</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Self	Specify Agent:	
MARRIAGE LICENSE			<i>Number of Copies:</i>
<b>Date of Marriage →</b>	Date of Marriage		
<b>Your Name →</b>	Your First Name	Your Middle Name	Your Last Name <u>Before</u> Marriage
<b>Spouse's Name → (Maiden if Changed)</b>	Spouse First Name	Spouses Middle Name	Spouses Last Name <u>Before</u> Marriage
<b>Requested By</b>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Self		
CIVIL UNION			<i>Number of Copies:</i>
<b>Date of Union</b>			
<b>Party A Name</b>	First Name	Middle Name	Last Name
<b>Party B Name</b>	First Name	Middle Name	Last Name
<b>Requested By</b>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse		
DEATH CERTIFICATE			<i>Number of Copies:</i>
<b>Name on Record →</b>	First Name	Middle Name	Last Name
<b>Date of Death →</b>	Date of Death		
<b>Requested By &amp; Use</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	Specify Interest/Use:	

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

\_\_\_\_\_  
Date