

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

Meg A. Sybert

County Clerk & Recorder
of Bond County
203 W. College Ave, Greenville, Il. 62246

Brooke Weathers
Deputy Clerk
Chloe Shank
Deputy Clerk

Ashley Heckman
Deputy Recorder

BIRTH: First copy is \$16.00, each additional copy is \$9.00 Fee must accompany the request

Birth		Number of Copies:
Name on Record		
Date of Birth		
Mother's Maiden Name		
Father's Name		
Requested By	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Self <input type="checkbox"/> Agent Other _____	

CIVIL UNION or

MARRIAGE: First copy is \$16.00, each additional copy is \$9.00 Fee must accompany the request

Marriage License		Number of Copies:
Date of Marriage		
Party 1 Name		
Party 2 Name		
Requested By	<input type="checkbox"/> Bride <input type="checkbox"/> Groom <input type="checkbox"/> Other _____	

DEATH: First copy is \$20.00, each additional copy is \$13.00 Fee must accompany the request

Death		Number of Copies:
Name on Record		
Date of Death		
Requested By	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Agent Other _____	

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

Applicant's Address

Date

Certifying Initials

ANYONE SEEKING A **BIRTH RECORD** OF A **DECEASED PERSON MUST**
FILL IN THE INFORMATION REQUESTED BELOW:

DRIVER'S LICENSE NUMBER

SOCIAL SECURITY NUMBER

TELEPHONE NUMBER

EACH APPLICANT MUST PROVIDE A COPY OF THEIR DRIVERS LICENSE