



Nancy Schultz Voots

W I L L C O U N T Y C L E R K

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Office Hours:
Monday – Friday 8:30 am – 4:30 pm
Saturday* 9:00 – 12:00
* Holiday Exceptions

Request for Birth Record

You must be 18 years or older and present proper identification.

(Please print all information except your signature)

The fee for one certified copy is **\$9.00**. Each additional copy of the same record issued at the same time is **\$4.00**.

Name on Birth Record:

First _____ Middle _____ Last _____

Date of Birth: ___/___/___ Place of Birth: _____

Father's Name: _____

Mother's Maiden Name: _____

Number of copies requested: _____

Purpose: Please (✓) appropriate box(es) Relationship: [] Myself (18 yrs. or older)
[] School [] Insurance [] Parent
[] Job [] Retirement [] Legal Guardian
[] Travel [] Other [] Legal Representative
[] Genealogist (record must be at least 75 yrs. old)

TO REQUEST A DIFFERENT BIRTH RECORD

Name on Birth Record:

First _____ Middle _____ Last _____

Date of Birth: ___/___/___ Place of Birth: _____

Father's Name: _____

Mother's Maiden Name: _____

Number of copies requested: _____

Purpose: Please (✓) appropriate box(es) Relationship: [] Myself (18 yrs. or older)
[] School [] Insurance [] Parent
[] Job [] Retirement [] Legal Guardian
[] Travel [] Other [] Legal Representative
[] Genealogist (record must be at least 75 yrs. old)

Fraudulent use of any vital record is a Class 4 felony punishable by imprisonment of up to 3 years and a fine of \$10,000 or both. 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 Illinois Compiled Statutes (410ILCS 535/25)

Your Name _____

Address _____ (_____) Phone _____

City _____ State _____ Zip _____

Your Signature (required) _____

To obtain a copy of a Birth Record by mail:

- Complete this request form
- Your request must be signed by you
- If you are a legal representative (attorney, legal court appointed guardian, etc.) of the person whose name appears on the birth record, you must provide authorizing documents.
- **Send a photocopy of your identification with your signature on it.**
- Include your check or money order made payable to: **Will County Clerk**
- Mail your request to:
Will County Clerk
302 N. Chicago Street
Joliet, Illinois 60432

Acceptable Forms of Valid Identification

Illinois Driver's License
Illinois State Identification Card
Out-of-State Driver's License or ID Card
U.S. Military Identification Card
U.S. Naturalization Certificate
U.S. Passport

For Office Use Only: ID # _____

Check # _____ Amount \$ _____

ID? [] YES [] NO 2nd Signature? [] YES [] NO

Certificate # _____ # of copies _____

Processed by: _____ Proofed by: _____

Date Mailed: ___/___/___