

**SKOKIE HEALTH DEPARTMENT**  
**APPLICATION FOR SEARCH OF BIRTH RECORD FILES**

CHILDS FULL NAME: \_\_\_\_\_ PLEASE CHECK:     M     F

DATE OF BIRTH: \_\_\_\_\_ NUMBER OF COPIES REQUESTED: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME: \_\_\_\_\_

FEE: \$10.00 for the first copy and \$5.00 for each additional copy ordered at the same time. You may pay by CASH, CHECK or CREDIT CARD (Master Card, Visa, or Discover). **If requesting certificates by mail you must include a copy of a valid photo ID.**

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

Credit Card: TYPE \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

-----  
**DO NOT WRITE BELOW THIS LINE! OFFICE USE ONLY!**  
-----



**Receipt for Certified Copies of Birth Certificates**

I acknowledge receipt from the Skokie Health Department of \_\_\_\_\_ certified copies of the birth certificate for \_\_\_\_\_.

Payment Amount: \_\_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Credit \_\_\_\_

Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_