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 and S/H rates may apply, call 847-933-8252 for S/H rates.**

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!

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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: _________________

Doc #440877