
Barbara M. Link

Henry County Clerk/Recorder/Election Authority

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PAYABLE TO THE HENRY COUNTY CLERK (NO PERSONAL CHECKS)

\$12.00 FOR ONE (1) CERTIFIED COPY

\$4.00 FOR EACH ADDITIONAL CERTIFIED COPY OF THE SAME NAME

Application for Search of Birth Record Files of Deceased Person					
This application form is prescribed and furnished by the Illinois Department of Public Health as set forth in 410 ILCCS 535/25.1					
Section A - Birth Information					
1. Name	First, Middle, Last				
2. Place of Birth	Street, RFD, Hospital		City or Town	County	
3. Date of Birth	Month	Day	Year	4. Sex (Check One) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. Birth Number (NOT REQUIRED)
6. Father's Full Name	First, Middle, Last				
7. Mother's Full Name	First, Middle, Last		8. Mother's Maiden Surname		
Section B - Death Information			Section C - Person Applying for This Record		
1. Full Legal Name at Death (First, Middle, Last)			1. Name (First, Middle, Last)		
2. For Female Decedents, Maiden Surname			2. Street Address		
3. Date of Death	Month, Day, Year		3. City, State, Zip		
4. Place of Death	City, County, State		4. Social Security No.		
5. Relationship to Decedent			5. Driver's License Number/State		

I affirm, under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief.

MUST SHOW PROOF OF DEATH

Date _____ Work Telephone A.C.(_____) _____

_____ Home Telephone A.C.(_____) _____

Written Signature

RELATIONSHIP: _____ (SELF..... PARENT...)

MAIL TO: _____ **PLEASE ENCLOSE A STAMPED/**

SELF-ADDRESSED ENVELOPE.

THANK YOU.