

Fulton County Health Department, 700 East Oak Street, Canton, IL. 61520  
**APPLICATION FOR SEARCH OF BIRTH RECORD FILES**  
**FOR FULTON COUNTY BIRTHS ONLY**  
(FURNISH ALL INFORMATION – USE TYPEWRITER OR PRINT PLAINLY)

<b>FULL NAME:</b>	FIRST	MIDDLE	LAST
<b>PLACE OF BIRTH:</b>	STREET RFD OR HOSPITAL	CITY OR TOWNSHIP	COUNTY
<b>DATE BIRTH:</b>	MONTH	DAY	YEAR
	SEX:		
	MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>
<b>FATHER:</b>	NAME		
	MAIDEN NAME		MARRIED NAME
<b>MOTHER:</b>			

The fee for a SEARCH of the birth record files is **\$7.00**. If the record is found, one certification or certified copy is furnished without further cost. Additional copies of the same record issued at the same time are **\$2.00** each. THIS FORM MUST BE COMPLETELY FILLED OUT AND READABLE. PLEASE RETURN THE FORM TO US BY MAIL WITH THE CORRECT I.D. (LISTED BELOW) AND CORRECT FEE FOR THE NUMBER OF CERTIFIED COPIES REQUESTED.

**Note: There is no charge for a certification when required by the Veterans' Administration Evidence of the V.A.'s requirement of this record must accompany the application.**

Birth certificates are confidential records, and copies can be issued only to persons entitled to receive them. The application must indicate the requestor's relationship to the person and the intended use of the certification. Our records only go back ten (10) years. We can only give copies of birth certificates to the mother or the father, if he is listed on the birth certificate. We need a copy of a driver's license, with picture and with your current address.

<b>FURNISH ME _____ CERTIFIED COPIES (COMPLETE FORM)</b>	<b>AMOUNT ENCLOSED:</b> \$ _____ <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CERTIFIED CHECK
<b>APPLICATION MADE BY:</b>	
<b>NAME:</b> (Signature)	
<b>STREET ADDRESS:</b>	
<b>CITY:                      STATE:                      ZIP CODE:</b>	
<b>YOUR RELATIONSHIP TO PERSON:</b>	<b>INTENDED USE OF CERTIFICATION:</b>