APPLICATION FOR SEARCH OF BIRTH RECORD FILES

TO AVOID DELAY IN PROCESSING YOUR APPLICATION, PLEASE ATTACH A PHOTOSTATIC COPY OF YOUR **DRIVER'S LICENSE OR OTHER PICTURE I.D**. WHICH MUST ALSO SHOW YOUR **SIGNATURE**.

The fee for a search of the files is **$12.00**. If the record is found, one CERTIFIED COPY is issued at no additional charge. Additional certified copies of the same record ordered at the same time are **$4.00** each. Please indicate below the number of copies requested and return this form with the proper fee. Make check or money order payable to: **City of Alton**.

I am requesting _____ certified copies. I am enclosing the fee(s) of $_____.

FULL NAME ON CERTIFICATE First Middle Last

PLACE OF BIRTH Street, R.F.D., Hospital City or Town

DATE OF BIRTH Month Day Year **SEX** M F

FATHER

Maiden Name Married Name

MOTHER

Application Made By:	Mail Copy to (if other than applicant):
NAME Signature	NAME:
Typed or Printed Name	Street Address:
Street Address	City State ZIP
City State Zip **Phone: _____-_____-_____**	Your Relationship to Person

NOTE: Birth certificates are confidential records, and copies can be issued only to persons entitled to receive them. Applicant must be: 18 years of age or older, parent, legal guardian or legal representative.

WARNING: ***False application for a birth certificate is illegal and punishable by fine and/or imprisonment.***

Please return application to: Alton City Clerk
101 East Third Street
Alton, IL 62002

Telephone: (618)463-3522
FAX (618)463-3520