

**APPLICATION FOR CERTIFICATION OF VITAL RECORDS**

Julie Hancock, County Clerk  
 Pulaski County Courthouse  
 PO Box 118  
 500 Illinois Ave  
 Mound City, IL 62963

Please Note: We will only issue copies of a vital record to a party entitled under Illinois Law to receive the record.

**\*\*\*A COPY OF A PICTURE ID IS REQUIRED WITH ALL MAIL REQUESTS\*\*\***

**Please check the type of types of records requested: [ ] Birth [ ] Death [ ] Marriage**  
**Birth or Marriage Record: \$7.00 for initial copy and \$2.00 for each additional copy**  
**Death Records: \$11.00 for initial copy and \$6.00 for each additional copy**  
**Genealogical Copies are .50 each.**

<b>BIRTH RECORDS</b>	
Name on Record	
Date of Birth	
Mother's Maiden Name	
Father's Name	
Requested By:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Self <input type="checkbox"/> Agent <input type="checkbox"/> Other _____

<b>MARRIAGE LICENSE</b>	
Date of Marriage	
Groom's Name	
Bride's Maiden Name	
Requested By:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Self <input type="checkbox"/> Agent <input type="checkbox"/> Other _____

<b>DEATH RECORDS</b>	
Name on Record	
Date of Birth	
Requested By:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Self <input type="checkbox"/> Agent <input type="checkbox"/> Other _____

Intended Use: \_\_\_\_\_

I, the undersigned Applicant, swear of affirm that I have completed the foregoing Application for a Certified Copy of a Vital Record and that my relationship to the individual whose name appears on the record is correct as stated in the Application.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

Address to which Record is to be mailed.

Name	
Street Address	
City, State, Zip	