



**PROVISO TOWNSHIP CLERK**  
**DEPARTMENT OF VITAL RECORDS**  
**BIRTH RECORD REQUEST FORM**

4565 Harrison St., Hillside, IL. 60162  
Telephone: (708) 449-4303 – Website: provisotownship.com

Official Use Only

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

# OF COPIES: \_\_\_\_\_ PHONE NUMBER OR EMAIL: \_\_\_\_\_

NAME AT BIRTH: \_\_\_\_\_

(BABY NAME)

FIRST

MIDDLE

LAST

DATE OF BIRTH: \_\_\_\_\_

MONTH/DATE/YEAR

PLACE OF BIRTH: FOSTER G. MC GAW - (LOYOLA HOSPITAL)

NAME OF MOTHER: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

FIRST

LAST

SIGNATURE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

UNDER ILLINOIS LAW {410 ILCS 535/25 9(4) (B)}, A CERTIFIED COPY OF A BIRTH RECORD IS ONLY AVAILABLE TO PERSONS WITH A "DIRECT AND TANGIBLE INTEREST" IN THE RECORDS, SUCH AS ONESELF, PARENT, GUARDIAN, OR LEGAL REPRESENTATIVE. ANYONE WHO WILLFULLY AND KNOWINGLY USES OR ATTEMPTS TO USE ANY CERTIFICATE AND/ OR CERTIFICATE FOR THE PURPOSES IS GUILTY OF A CLASS 4 FELONY [410 ILCS 535/27 (C) (F)] PUNISHMENT BY UP TO THREE YEARS IN PRISON.

**PLEASE HAVE YOUR ID READY**

**WE ACCEPT CASH, CARD, CHECKS, AND TAP AND PAY**

**PRICE: 1<sup>ST</sup> BIRTH CERTIFICATE \$11.00**  
**EACH ADDITIONAL \$ 2.00**