City of Lincoln ILLINOIS

Illinois Department of Public Health
APPLICATION FOR
SEARCH OF BIRTH/DEATH RECORD FILES
The state began recording on January 1, 1916.

CHECK TYPE: ☐ BIRTH ☐ DEATH

CERTIFIED COPY

$17.00 – 1ST COPY
$ 6.00 – ADDITIONAL COPIES
SUBMIT COPY OF YOUR PHOTO ID
MAKE CHECK OR MONEY ORDER PAYABLE TO: **CITY OF LINCOLN**
MAIL TO: **PO BOX 509, LINCOLN, IL 62656**

FULL NAME	NAME on RECORD FIRST	MIDDLE	LAST	
PLACE OF BIRTH/DEATH	HOSPITAL	CITY OR TOWN	COUNTY	STATE
DATE OF BIRTH	MONTH DAY YEAR	SEX	**DATE OF DEATH** MONTH DAY YEAR	
DATE LAST KNOWN TO BE ALIVE	MONTH DAY YEAR	LAST KNOWN ADDRESS	MARITAL STATUS	
FATHER	FIRST	MIDDLE	LAST	
MOTHER	FIRST	MIDDLE	MAIDEN NAME	LAST

APPLICATION MADE BY:

_____ _____
NAME (WRITTEN SIGNATURE) YOUR RELATIONSHIP TO PERSON

_____ _____
STREET ADDRESS INTENDED USE OF DOCUMENT

_____
CITY STATE ZIP

NOTE:
Birth & Death certificates are confidential records and copies can be issued only to persons entitled to receive them. The applicant must indicate the requester's relationship to the person and the intended use of the document.