



VITAL RECORDS
OFFICE OF COOK COUNTY CLERK DAVID ORR
P.O. Box 641070, Chicago, Illinois 60664-1070

TEL 312.603.7788 FAX 312.603.4899 WEB cookcountyclerk.com

BIRTH RECORD REQUEST FORM - FORM A3

A certified copy of a birth record is available at no cost to persons born in Cook County who are verified as either: 1) homeless; 2) residents of shelters for victims of domestic abuse/violence; 3) a person who has been released within the last 90 days from IDOC or CCDOC custody 4) current inmates or detainees who will be released within the next 90 days by IDOC or CCDOC. A status certification must be completed by an agent or agency to confirm that the requestor is eligible for a free birth certificate and must be submitted with the request.

Please select one of the following:

Homeless

Survivor of Domestic Abuse

Ex-offender

Current detainee/inmate

BIRTH RECORD INFORMATION

Name at birth

First Name

Middle Name

Last Name

Date of birth

Month/Day/Year

Place of birth

City or Village (in Cook County)

Name of mother

(if adopted, mother's name at time of adoption)

First Name

Last Name (maiden name)

Name of father

(optional)

First Name

Last Name

Under Illinois law [410 ILCS 535/25 (4) (b)] a certified copy of a birth record is only available to persons with a "direct and tangible interest" in the record, such as one's self, parent, guardian or legal representative. Anyone who willfully and knowingly uses or attempts to use any certificate and/or certification for the purposes of deception is guilty of a Class 4 felony [410 ILCS 535/27 (c), (f)] punishable up to three years in prison.

REQUESTORS INFORMATION

Your name (print)

First Name

Last Name

Signature

Telephone Number

Mailing address

Street Address

City, State, Zip

Relationship to child *(if applicable)*

Two ways to obtain a birth record:

By Mail: Fill out this form and mail your request to: Bureau of Vital Records P.O. Box 641070 Chicago, IL 60664-1070. In addition to the form also include:

- A photocopy of your photo identification (e.g. driver's license, or state issued identification, etc.)
- A self-addressed stamped envelope

In-person: Visit the Cook County Clerk's Office: 50 W. Washington St. (Pedway Level, under the Daley Center) or visit one of our five suburban offices. Call (312) 603-7790 or go to cookcountyclerk.com/vitals for locations and hours.



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STATUS CERTIFICATION - TO BE COMPLETED BY VERIFYING AGENT

The Status Certification is provided for the listed agent or agency to affirm to the named individual's status at the time this certification is completed. It must be received by the Cook County Clerk's office at the time of application. This certification entitles the individual to a free birth certificate.

Date _____

Month/Day/Year

I am writing to verify that _____ is eligible to receive a free birth certificate because they or their children are currently (*select one*):

- Homeless
- A survivor of domestic abuse
- A person who has been released within the past 90 days from IDOC or CCDOC custody
- An IDOC or CCDOC detainee or inmate who will be released within the next 90 days

I am qualified to verify their status and make this statement as a (*select one*):

- homeless service agency receiving federal, state, county, or municipal funding to provide those services or otherwise
- sanctioned by a local continuum of care
- an attorney licensed to practice in the state of Illinois
- public school homeless liaison or school social worker
- human services provider funded by the State to serve homeless or runaway youth individuals with mental illness, or
- individuals with addictions
- staff member working at a domestic violence shelter
- staff member serving at a human service agency or government office that assist the incarcerated or formerly incarcerated

Verifying Agency/Organization _____

Telephone Number _____

Mailing address _____

Street Address

City, State, Zip

Agency Federal Tax ID Number or Attorney Registration Number _____

Under penalty of perjury, I swear or affirm that I am a representative of the above-referenced Agency and the applicant is a person who is currently residing or receiving services from this Agency.

Printed Name of Agency Employee/Agent Making Certification _____

Signature _____

Date _____