



KRISTY MASCHING - LIVINGSTON COUNTY CLERK

PO Box 618 • Pontiac IL 61764-0618 • Phone: (815) 844-2006

APPLICATION FOR CERTIFIED COPY OF VITAL RECORD

Name of Person Completing Application: _____

Mailing Address: _____

Street City State Zip

Phone Number: Home () Daytime Work/Cell ()

Please note: You must provide a valid photo identification in order to receive any vital record. Fees for Birth and Marriage certificates are \$10.00 for one copy and \$2.00 each for any additional copies at that same time. Death certificates are \$14.00 for one copy and \$6.00 each for any additional copies at that same time.

BIRTH RECORD: Single Copy Fee: \$10 - Additional Copies: \$2

Name on Record		No. of Copies
Date of Birth		
Mother's Maiden Name		
Father's Name		
Requested By	Self Mother Father Legal Guardian Other:	

MARRIAGE / CIVIL UNION RECORD: Single Copy Fee: \$10 - Additional Copies: \$2

Date of Ceremony	Record Type: Marriage Civil Union	No. of Copies
Groom's Name		
Bride's Maiden Name		
<i>For civil union partners, also include last name on birth certificate (if different)</i>		
Spouse A		
Spouse B		
Requested By	Bride Groom Spouse A Spouse B Other:	

DEATH RECORD: Single Copy Fee: \$14 - Additional Copies: \$6

Name on Record		No. of Copies
Date of Death		
Intended Use		
Requested By	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:	

I, the undersigned Applicant, swear or affirm that the representations made on this application are true to the best of my knowledge and belief.

Applicant's Signature _____

Date _____

Include the following to obtain a record by mail:

- Completed application signed by applicant
- Copy of government issued Photo ID with a signature
- Check made payable to "Livingston County Clerk".

Do not send cash.

- If you are the legal guardian, you must include documents authorizing access to the record.