

KRISTY MASCHING - LIVINGSTON COUNTY CLERK

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

		,	
	APPLICATION FOR C	COPY OF VITAL RECORD	
Name of Person Comp			
Phone Number: Home	Street)	Daytime Work/Cell ()	State Zip
Fees for <i>Certified</i> Birth certific certificates are \$16 for one co copy and \$10 each for any ad	cates are \$18 for one copy and py and \$8 each for any additio ditional copies at that same tim	ted photo identification in order to receive any vitar d \$8 each for any additional copies at that same time. In all copies at that same time. Certified Death certifications. Genealogy copies are \$3.00 each, and are ONLY der), and marriage records (50 years and older).	Certified Marriage ates are \$22 for one
BIRTH RECORD:	Certified or	Genealogy	
Name on Record			No. of Copies
Date of Birth			
Mother's Full Maiden Name			
Father's Full Name			
Requested By	Self Mother Fa	ather Legal Guardian Other:	
MARRIAGE / CIVIL UNION RECORD: Certified or Genealogy			
Date of Ceremony		Record Type: Marriage	Civil Union
Groom's Full Name			No. of Copies
Bride's Full Maiden Name			
For civil union partners, also include last name on birth certificate (if different)			
Spouse A			
Spouse B			
Requested By	Bride Groom	Spouse A Spouse B Other:	
DEATH RECORD: Certified or Genealogy			
Name on Record			No. of Copies
Date of Death			
ntended Use			
Requested By	□ Spouse □ Child □ I	Parent 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. 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.			
For Office Use Only		•If you are the legal guardian, you me	
documents authorizing access to the record.			record.

Cash: _____ Deputy: ___

Personal Recognition: ___