



VITAL RECORDS

OFFICE OF COOK COUNTY CLERK DAVID ORR

P.O. Box 641070, Chicago, Illinois 60664-1070



TEL 312.603.7790 EMAIL vital.records@cookcountyil.com 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: homeless; residents of shelters for victims of domestic abuse/violence; and formerly incarcerated or soon to be released inmates or detainees of the Illinois Department of Corrections or Cook County Jail.

Please select one of the following:

Homeless

Survivor of Domestic Abuse

Incarcerated (currently or within the past 90 days)

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 (at time of birth)

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.

Your name (print)

First Name

Last Name

Signature

Telephone Number

Mailing address

Street Address

City, State, Zip

Relationship to child *(if applicable)*

How would you like to receive this document?

Mail it to me

I'll wait for it today

I'll pick it up at a later date

**if requesting the document by mail, please include: 1) a photocopy of your photo identification; 2) a self-addressed stamped envelope*

see back for more details

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A certified copy of a birth record is available at no cost to persons born in Cook County, who are verified as either: homeless; residents of shelters for victims of domestic abuse/violence; and formerly incarcerated or soon to be released inmates or detainees of the Illinois Department of Corrections or Cook County Jail.

Formerly incarcerated citizens who have been paroled within the past 90 days can attach a copy of their release papers for verification. Homeless residents, residents of shelters for domestic violence, soon to be released inmates or the formerly incarcerated who have been released in the last 90 days can also have their status verified by a human services, corrections officer, legal services, or other worker that has knowledge of the individual's status. This includes: a homeless service agency, a domestic violence shelter, an attorney licensed to practice in Illinois, a public school homeless liaison or school social worker or a human services provider.

Two ways to obtain a birth record:

1. By Mail

Fill out this form and mail your request to:

Bureau of Vital Records

P.O. Box 641070

Chicago, IL 60664-1070

Fill out the form on the reverse side and include:

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

2. In-person, at 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

www.cookcountyclerk.com for locations and hours.



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STATUS CERTIFICATION

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.

Please select one of the following:

Homeless

Survivor of Domestic Abuse

Incarcerated (currently or within the past 90 days)*

Applicant's Name

First Name

Middle Name

Last Name

Date of birth

Month/Day/Year

I am an individual who falls under the above checked category and reside or receive services from the agency whose name and address are indicated on this document.

Signature

Date

**release papers may be provided as proof of status and therefore agency information is not required.*

To be completed by agency/agent:

Agency/Agent Name

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
