



# KAREN A. YARBROUGH | COOK COUNTY CLERK'S OFFICE

VITAL RECORDS DIVISION | P.O. BOX 641070, CHICAGO, ILLINOIS 60664-1070

Telephone: 312.603.7788 | Fax: 312.603.4899 | Web Address: cookcountyclerk.com

## BIRTH RECORD REQUEST FORM - A3

A certified copy of a birth record is available at NO COST to persons born in Cook County who are verified as one of the following: A) Homeless; B) Residents of shelters for victims of Domestic Abuse/Violence; C) A person released within the last 90 days from the Illinois Department of Corrections (IDOC) or the Cook County Department of Corrections (CCDOC), and/or D) A current inmate or detainee who will be released within the next 90 days from 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 THE REQUESTOR'S STATUS AT THE TIME OF THIS REQUEST

Homeless  Resident of Domestic Abuse Shelter  Released from IDOC/CCDOC w/n past 90 days  Incarcerated

### PLEASE PRINT LEGIBLY TO ENSURE ACCURATE FULFILLMENT OF YOUR REQUEST

First Name (At Birth) Above

Middle Name (At Birth) Above

Last Name (At Birth) Above

Date of Birth (Include Month, Day & Year) Above

Place of Birth (City, Town or Village in Cook County) Above

First Name of Biological/Adopted Mother (At Birth) Above

Last Name (Maiden) of Biological/Adopted Mother (At Birth) Above

First Name of Biological/Adopted Father (At Birth) Above [Optional]

Last Name of Biological/Adopted Father (At Birth) Above [Optional]

## SPECIAL NOTICE TO THE SUBMITTER OF THIS BIRTH RECORD REQUEST FORM

Pursuant to §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, as outlined in §410 ILCS 535/27(c)(f), which is punishable by up to three years in prison.

First Name of Submitter Above

Last Name of Submitter Above

Mailing Address of the Submitter (Street Number & Name) Above

Mailing City, Town or Village of Submitter Above

Mailing State and Zip Code of Submitter Above

Submitter Phone Number Above

Submitter's Relationship to the Person/Birth Certificate Requested

Please indicate below how you would like to receive the requested Birth Certificate. If requesting the document be mailed please include a photocopy of some form of photo identification, and a self-addressed stamped envelope (to expedite the returned record).

I would like the requested Birth Certificate to be:

Mailed to me at the above address  Filled while I wait  Filled and ready when I return later

### IF REQUESTING BY MAIL, PLEASE DO THE FOLLOWING:

Mail this completed form to: Bureau of Vital Records, P.O. Box 641070, Chicago, Illinois 60664-1070, with 1) A photocopy of your photo id (e.g. driver's license, or state issued) & 2) A self-addressed stamped envelope.

### IF REQUESTING IN-PERSON, PLEASE DO THE FOLLOWING

Visit our main office at: 50 W. Washington St. (in the Pedway underneath the Daley Center, CL-25), or visit one of our FIVE suburban offices. For hours/locations call 312.603.7790 or visit cookcountyclerk.com/vitals



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## STATUS CERTIFICATION - MUST BE COMPLETE BY VERIFYING AGENT

This Status Certification is provided for the listed Agent or Agency to indicate and confirm the named individual's status at the time of the included Birth Record application. This Status Certification MUST accompany the Birth Record application for any Free Birth Records requests. Finally, this Status Certification entitles the requestor to a single Free Birth Record.

Date Certification Submitted Above

First Name of Birth Record Requestor Above

Last Name of Birth Record Requestor Above

To the Honorable Clerk of Cook County, please accept this Status Certification to verify that the above listed individual should qualify for a FREE Birth Certificate because either the individual her or himself, or the child listed on this form currently belongs to one (or more) of the following required categories, as set forth in Illinois & Cook County law: (please select ALL which apply)

- Homeless - Must be Verified by an Agent or Agency
- Survivor of Domestic Abuse - Currently Living in Shelter
- Released from IDOC or CCDOC in past 90 days
- Incarcerated in IDOC or CCDOC but released in 90 days

My relationship to the above-listed individual, who is now requesting a Free Birth Record is as follows: (please select ALL which apply)

- Homeless Service Agency receiving Federal, State, County, or Municipal funding to provide those or similar services.
- Sanctioned by a local continuum of care
- Attorney licensed to practice in the State of Illinois (must include Attorney Registration Disciplinary Commission Information below)
- Liaison for the Homeless with a Public School system, OR, Social Worker who works with the Homeless
- Human Services Provider funded by the State of Illinois to service the Homeless or Runaway youth individuals w/ mental illness or addictions
- Staff Member who works with a Domestic Violence Shelter
- Staff Member who services a Human Service Agency or Government Office that assists the recently or presently Incarcerated
- Other please explain: \_\_\_\_\_

### VERIFYING AGENCY/AGENT INFORMATION BELOW:

Verifying Agency or Agent Name Above

Telephone Number of Verifying Agency/Agent Above

Mailing Address with Street Number, Name, City, State & Zip Code

Federal Tax Identification Number or ARDC Number for Attorney

Email Address of Verifying Agent

I, the below listed verifier, do now swear or affirm that I am a representative of the above-referenced Agency, and that the above-listed applicant is in fact an individual who meets the requirements for this waiver application for a Free Birth Record. I also understand that providing false information on this form could subject me to prosecution for perjury as outlined in Illinois law.

Printed Name of Verifying Agent/Agency Employee

Signature of Verifying Agent/Agency Employee

Date Signed by Agent/Agency Employee