Jackson County Health Department P O Box 307, Murphysboro, IL 62966 (618) 684-3143

REQUEST FOR CERTIFIED COPY OF BIRTH RECORD (Print and send both pages of request)

If you were born before 1985, you must contact the Jackson County Clerk, 618-687-7360

Please provide the following infor	mation about the CH	<u>ILD:</u>
Name of child as it appears on the certificate:		Child's date of birth:
Please provide the following infor	mation <u>about YOURS</u>	<u>ELF</u>
Your name:	Relationship to child:	
Your maiden name:		Your date of birth:
Your address:		
Phone number:	Driver's license #:	
Your signature:		Date:
certificate; or (2) a legal guard Applic		of guardianship. is form and sign in the presence of a notary.
State of)) ss.	
County of)	
The undersigned, a notary public in and fo	r the above county and sta	ate, certifies that
foregoing power of attorney, appeared bef	fore me and the additional v	to me to be the same person whose name is subscribed as principal to the witness in person and acknowledged signing and delivering the instrument as the stherein set forth, and certified to the correctness of the signature(s) of the
Dated:		Notary Public
		My commission expires
SEAL		my commission expires

Notice of Language Assistance:

Jackson County Health Department complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-618-684-3143

Jackson County Health Department cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-618-684-3143.

Jackson County Health Department postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-618-684-3143.

# of certificates requested	We accept VISA/Mastercard/Discover/American Express
Total Amount Enclosed: ————	If paying with a credit card, please provide the following:
Method of payment: (select one)	Cardholder Name:
□ Check	Card #:
☐ Credit Card	Type of Card: MC VISA Discover American Express (circle one)
	ExpirationCVV (# on back)
ail completed application, check or money order, and opy of your valid driver's license or other government sued identification to:	Handling Fees: Under \$50-\$1.75 fee, Over \$50-3.5% of Total
Vital Records	For CREDIT CARD PAYMENT ONLY, you may fax t
Jackson County Health Department	form to 618-684-6023
PO Box 307	
Murphysboro, IL 62966	
If you have any questions, please	
call 618-684-3143 (ext. 104)	