



APPLICATION FOR BIRTH Certificate

CITY OF ALTON, ILLINOIS

City Clerk's Office

101 E Third • Suite 101 • Alton, Illinois 62002

Telephone: (618) 463-3522

Fax: (618) 463-3520

E-mail: certificates@cityofaltonil.gov

Website: www.cityofaltonil.gov

TO AVOID DELAY IN PROCESSING YOUR APPLICATION, PLEASE ATTACH A PHOTOSTATIC COPY OF YOUR DRIVER'S LICENSE OR OTHER PICTURE ID WHICH MUST CONTAINS YOUR SIGNATURE.

The fee for a certified copy of a birth record is **\$20.00**. Additional certified copies of the same record ordered at the same time are **\$8.00** each. Please indicate below the number of copies requested and return this form with the proper fee. Payment may be made by check or money order made payable to: **City of Alton** or with a debit or credit card online (through the City of Alton webpage at www.cityofaltonil.gov).

I am requesting _____ certified copies. I am enclosing the fee(s) of \$_____

FULL NAME ON CERTIFICATE **FIRST** **MIDDLE** **LAST**

PLACE OF BIRTH (Street, R.F.D., Hospital) **CITY OR TOWN**

DATE OF BIRTH **MONTH** _____ **DAY** _____ **YEAR** _____ **SEX** **M** _____ **F** _____

FATHER'S NAME _____

MOTHER'S MAIDEN NAME _____

Application Made By:	Mail Copy to (If other than Applicant):
NAME (Typed or Printed)	NAME
Signature	Street Address
Street Address	City State ZIP
City State ZIP	Your Relationship to Person
Phone # _____ - _____ - _____	EMAIL Address: _____

NOTE: Birth certificates are confidential records and copies can be issued only to persons entitled to receive them. Applicant must be: 18 years of age or older, parent, legal guardian or legal representative.

WARNING: False application for a birth certificate is illegal and punishable by fine and/or imprisonment.