



Birth Certificate Form

\$10.00 FOR ONE COPY, \$4.00 FOR EACH ADDITIONAL
DAN HENDRICKSON, County Clerk
KANKAKEE COUNTY CLERK-VITAL STATISTICS
189 EAST COURT ST., KANKAKEE, ILLINOIS 60901

Before Filling Out Application Be Certain BIRTH Occurred in Kankakee County

PLEASE ATTACH A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR STATE ID TO THIS REQUEST

NUMBER OF COPIES: _____

Full Name: First: _____ Middle: _____

Last: _____

Date of Birth: _____

Place of Birth: City: _____

Town/Village: _____

Name of Father: _____

Maiden Name of Mother: First: _____ Middle: _____

Maiden: _____

I, the undersigned, do hereby certify that as the person whose record is sought, or as the parent, guardian, or legal representative of the person, am legally entitled according to the Illinois Compiled Statutes 410ILCS 535/25.

Print Your Name: _____

Your Signature: _____

Address: _____ City: _____

Phone: _____

State: _____ Zip Code: _____

Your Relationship to Person Named on Document:

Is Birth Certificate Request for a Minor (17 and under)? Yes No

Current Age: _____

Indicate the Purpose for Obtaining Document:

PLEASE ATTACH A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR STATE ID TO THIS REQUEST

Mail to:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

DAN HENDRICKSON, Kankakee County Clerk

