



Heather L. Hollis
 Stark County Clerk & Recorder
 130 W. Main St. P.O. Box 97 Toulon, IL 61483
 Phone (309) 286-5911 Fax (309) 286-4039
 hhollis@starkco.illinois.gov

For Office Use Only:

Date: _____

Amount: _____

Employee Initials: _____

REQUEST FOR VITAL RECORDS

Name of Person Completing Application: _____

Address: _____
Street City State Zip

Phone Number of Person Completing Application: H () _____ W () _____

Number of Copies Requested: _____ E-mail address: _____

Fraudulent use of any vital records is a Class 4 Felony punishable by imprisonment of up to three (3) years and a fine of \$10,000 or both (410 ILCS 535/27). I do hereby certify that, as the person whose record is sought, or as the parent, guardian, or legal representative of the person, I am legally entitled to a certified copy according to the Vital Records Act contained in the Illinois Compiled Statutes.

Signature of Person Applying: _____

DEATH RECORDS

Fee: \$19 for 1st copy - \$12 for each additional copy (valid ID required)
 Must be on file for minimum of 20 years for genealogical purposes. Genealogy copies \$2

Name of Deceased: _____

Date of Death: _____ Relationship to Deceased: _____

Intended use of record: Legal purposes Genealogy Other(explain) _____

BIRTH RECORDS

Fee: \$13 for 1st copy - \$8 for each additional copy (valid ID required)
 Must be on file for minimum 75 years for genealogical purposes. Genealogy copies \$2.

Name On Birth Record: _____
First Middle Last (Maiden Name)

Date of Birth: _____
Month Day Year

Your Relationship to Person Named Above (check one): Self Mother Father Legal Guardian Other (specify) _____

Intended use of record: Legal purposes Genealogy Other(explain) _____

Father's Name on Birth Record: _____
First M.I. Last

Mother's Maiden Name on Birth Record: _____
First M.I. Maiden Last Name

MARRIAGE RECORDS

Fee: \$13 for 1st copy - \$8 for each additional copy (valid ID required)
 Must be on file for minimum 50 years for genealogical purposes. Genealogy copies \$2

Name One: _____ Name Two (maiden if applicable): _____

Date of Marriage: _____ Relationship to Couple (check one): Self Other (specify) _____

Requests by mail must submit a copy of a valid photo ID