

Macoupin County Clerk
P.O. Box 107
Carlinville, IL 62626

Phone# 217-854-3214

Office Use Only				
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CC	Gen	CASH	CHCK	CARD

Macoupin County

Birth Certificate Request Form

Provide photo ID or other forms of identification.

Certified copies: **\$15 for first copy, \$4 for every additional copy** of the same certificate
Genealogy Copy (record must be 75 years or older) \$5 for each copy

Please Print

Name of Person: _____

Date of Birth (Month/Day/Year): _____

Father's Name: _____

Mother's Name: _____

Place of Birth: _____

Number of copies: _____

Genealogy

Certified Copy

Mailing Addresses:

Phone # _____

Relationship to person on Certificate (mark all that apply)

- Of legal age (18 or an emancipated minor with certified court documents) if requesting your own.
- The mother or father (if listed on the certificate) of the child whose certificate is being requested.
- A legal guardian with certified court documentation providing verification of guardianship.
- An agent having a notarized letter from any of the above authorizing you access to the record
- A legal representative, i.e. an attorney acting on behalf of the person named on the certificate (must have authorizing documentation)
- An agent approved by the State Registrar.

Your Signature: _____