

# APPLICATION FOR SEARCH OF BIRTH RECORD FILES

(FURNISH ALL POSSIBLE INFORMATION-PLEASE PRINT)

Full Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Place of Birth: \_\_\_\_\_  
                    Street/Rte/Hospital                    City/Township                    County

Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Father: \_\_\_\_\_  
                    Full Name

Mother: \_\_\_\_\_  
                    Full Maiden Name                    Married Name

Parents Address at Time of This Birth: \_\_\_\_\_

## APPLICATION MADE BY:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Relationship to Person: \_\_\_\_\_

Driver License/Identification Card: \_\_\_\_\_

**\$7.00 First Copy, \$2.00 Each Additional**

Send to:  
Ford County Clerk & Recorder  
200 W. State St., Room 101  
Paxton, IL. 60957