

\$20.00 fee for SEARCH of Record, \$6 for extra copy

APPLICATION FOR SEARCH OF BIRTH RECORD

Full Name at Birth: _____

Date of Birth: _____

Father's Name: _____

Mother's Maiden Name: _____

Applicant's Signature: _____ SS# _____

Applicant's Address: _____

Applicant's Relationship to the Person _____

(Self, if Applicable)

Received: Certified Copy No Record Certification Genealogical

Initials: _____

Make check payable to:

Jo Daviess County Clerk

Mail application and payment to:

Jo Daviess County Clerk

330 N. Bench St., Room 108

Galena, IL 61036