



OFFICE OF  
THE CITY CLERK  
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[CITYOFALTONIL.GOV](http://CITYOFALTONIL.GOV)

### APPLICATION FOR BIRTH Certificate

TO AVOID DELAY IN PROCESSING YOUR APPLICATION, PLEASE ATTACH A PHOTOSTATIC COPY OF YOUR **DRIVER'S LICENSE OR OTHER PICTURE ID** WHICH MUST CONTAINS YOUR SIGNATURE.

The fee for a certified copy of a birth record is **\$20.00**. Additional certified copies of the same record ordered at the same time are **\$8.00** each. Please indicate below the number of copies requested and return this form with the proper fee. Payment may be made by check or money order made payable to: **City of Alton** or with a debit or credit card online (through the City of Alton webpage at [www.cityofaltonil.com](http://www.cityofaltonil.com)).

I am requesting \_\_\_\_\_ certified copies. I am enclosing the fee(s) of \$ \_\_\_\_\_

**FULL NAME ON CERTIFICATE**      FIRST      MIDDLE      LAST

**PLACE OF BIRTH**      (Street, R.F.D., Hospital)      CITY OR TOWN

**DATE OF BIRTH**      MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_      **SEX**      M \_\_\_\_\_ F \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

**MOTHER'S MAIDEN NAME** \_\_\_\_\_

Application Made By:		Mail Copy to (If other than Applicant):	
NAME (Typed or Printed)		NAME	
Signature		Street Address	
Street Address		City	State      ZIP
City	State      ZIP	Your Relationship to Person	
Phone # _____ - _____ - _____		EMAIL Address: _____	

**NOTE:** Birth certificates are confidential records and copies can be issued only to persons entitled to receive them. Applicant must be: 18 years of age or older, parent, legal guardian or legal representative.

**WARNING:** *False application for a birth certificate is illegal and punishable by fine and/or imprisonment.*

**ATTACH DRIVER'S LICENSE OR OTHER PHOTO ID WITH SIGNATURE HERE:** \_\_\_\_\_