

**Request by Mail for Birth Record of Deceased Individual
Jersey County Clerk**

Please complete this form, sign it, and provide a copy of your current Photo ID
ALL INFORMATION ON THE FORM IS REQUIRED
MUST PROVIDE COPY OF DEATH CERTIFICATE AS PROOF OF DEATH

Decedent's Birth Name: _____

Date of Birth _____ City/Town of Birth _____

Mother's Full Name (Include Maiden Name) _____

Father's Name _____

Name of Person Requesting Copy: _____

Street Address: _____

City, State, ZIP: _____

Full Social Security Number: _____

Driver's License Number/State Issued: _____

Relationship to Decedent: _____

I affirm, under the penalties of perjury, that the representations made on this application are true to the best of my knowledge and belief.

Signature

Date

Your daytime phone number (in case we have a question about your request): _____

Number of Certified Copies Requested: _____

Cost of a certified copy of birth certificate:

- \$16.00 for search, which includes one certified copy
- \$8.00 for each additional copy of same certificate

Payment is accepted by check, money order, MasterCard, Visa, or Discover

Mail your request to:

Jersey County Clerk

P. O. Box 216

Jerseyville, IL 62052

Due to the confidential nature of birth records, your documents may not be faxed or emailed.