

The City of Lake Forest

Application for Certified Vital Record

BIRTH (\$10 for First Copy) Each Additional (\$4)			Number of Copies Requested: _____
Name on Record	First	Middle	Last
Date of Birth			
Mother's Maiden Name /Co-Parent Name	First	Middle	Maiden Last
Father's Name/ Co-Parent Name	First	Middle	Last
Requested By	First	Middle	Last
			Relationship
Phone Number and Email			

DEATH (\$14 for First Copy) Each Additional (\$6)			Number of Copies Requested: _____
Name on Record	First	Middle	Last
Date of Death			
Requested By			Relationship
Phone Number and Email			

Preferred Mailing Address: _____

- ✓ Complete the form above using **Full Name**, (first, middle, last)
- ✓ Enclose a copy of a **VALID PHOTO ID** (*Driver's License, State ID, Military ID, or Passport*)
- ✓ Enclose a check or money order made out to The City of Lake Forest for the number of certificates requested

For questions, please email mcandrewsj@cityoflakeforest.com or call 847-810-3676

Mail to: Registrar, 220 E Deerpath, Lake Forest, IL 60045

I, the undersigned Applicant, swear or affirm that I have completed the foregoing Application for a Certified Vital Record, and that my relationship to the individual whose name appears on the record requested, is correct as stated in said Application.

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY:

_____ <i>DL / State ID / Military ID / Passport</i>	_____ <i>Applicant's DOB</i>	_____ <i>Expiration Date</i>
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