JESSICA FOX, SHELBY COUNTY CLERK & RECORDER 301 EAST MAIN STREET – POST OFFICE BOX 230 SHELBYVILLE, ILLINOIS 62565 TELEPHONE: 217-774-4421

<u>VITAL RECORDS REQUEST FORM</u> - PLEASE READ AND FOLLOW INSTRUCTIONS. FAILURE TO PROVIDE ALL THE REQUIRED INFORMATION WILL RESULT IN YOUR APPLICATION BEING RETURNED TO YOU.

- 1. Complete the following sections that pertain to the record you are requesting.
- 2. A copy of a photo ID (such as driver's license, state issued ID card) is required.
- 3. Enclose a self-addressed, stamped envelope with all requests.
- 4. Enclose check or money order make payable to: Shelby County Clerk. DO NOT SEND CASH!

CERTIFIED COPY FEES: All Birth, Death, Civil Union and Marriage records must be certified. Certified copies of Birth, Civil Union and Marriage records are \$17.00 for the first copy and \$7.00 for each additional copy of the same record issued at the same time. Certified copies of Death records are \$21.00 for the first copy and \$11.00 for each additional copy of the same record issued at the same time. Searches require a minimum prepaid fee of \$15.00 per five years searched per name per vital record. Any individual under the age of 18 cannot secure a certified copy of their birth record. All fees effective 1/1/2019.

NAME OF PERSON COMPLETING	APPLICATION			
ADDRESS				
Street	City		State	Zip
TODAY'S DATE	PHONE		1.11.1141114	
SIGNATURE OF PERSON APPLY	ING:			
BIRTH RECORDS: Birth Records	s on file beginning 1848, ver	y limited until 188	30's.	
NAME (PRINT):				MANAGEMENT CONTRACTOR OF THE C
YOUR RELATIONSHIP TO PERSO	N NAMED ABOVE:			
EXACT DATE OF BIRTH:	NU	NUMBER OF COPIES REQUESTED:		
FATHER' NAME (PRINT):	MO	MOTHER NAME (PRINT):		
First MI Last	Fir	st MI	Last (Maiden Nam	ne)
DEATH RECORDS: Death Record	rds on file beginning 1878.			
NAME (PRINT):				
EXACT DATE OF DEATH:	NU	MBER OF COPIL	ES REQUESTED:	<u> </u>
YOUR RELATIONSHIP TO DECEA	ASED:			
PURPOSE FOR REQUEST: L	EGAL GENEALO	GY OT	HER:	und live
CIVIL UNION/MARRIAGE RECO	ORDS: Marriage Records	on file beginning	1827 and Civil Uni	ons beginning 2011.
NAME OF BRIDE/SPOUSE A (Befo	re Marriage):			
NAME OF GROOM/SPOUSE B (Be				
EXACT DATE OF CIVIL UNION/M	IARRIAGE:	NUME	BER OF COPIES R	REQUESTED:
REQUESTED BY (CIRCLE ONE):	BRIDE GROOM	SPOUSE A/	B PARENT	GENEALOGIST