CITY OF CHICAGO HEIGHTS
OFFICE OF THE CITY CLERK

1601 Chicago Road, Chicago Heights, IL 60411 / 708 756-5304 / Fax 708 756-5310

Application for BIRTH Certificate

For Persons Born Within the City of Chicago Heights Only

VALID DRIVER'S LICENSE or STATE I.D. REQUIRED

Full Birth Name _____

Date of Birth _____ **Number of Copies** _____

Place of Birth ____**St. James Hospital – Chicago Heights**_____

Mother's Maiden Name _____

Father's Name _____

Intended Use _____ **Date** _____

I, the undersigned, do hereby certify that as the person whose record is sought, or as the parent, legal guardian by court order, or legal representative of the person, I am legally entitled to receive the requested certified copy according to the Illinois State Statute:[Chap. 111-1/2, Sec. 73-25 (4)(b)].

_____ _____

Print your Name **Your Signature** **Date**

_____ **Self Parent Other:**_____

Address **Relationship to Person on Document**

_____ **(** **)** **-** _____

City **Phone No.**

OFFICE USE ONLY:

_____

Driver's License/State I D #

Mail to _____

Address _____

FEE: $ 15.00 $ 10.00 EACH EXTRA COPY
ACCEPT CASHIER CHECK/MONEY ORDER
NO PERSONAL CHECKS