

APPLICATION FOR CERTIFIED COPY OF A VITAL RECORD

Jimi Williams-Cox
Saline County Clerk & Recorder
10 East Poplar Street Suite #17
Harrisburg, Illinois 62946
Phone: (618)253-8197
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**A COPY OF A PHOTO ID WITH SIGNATURE IS REQUIRED FOR BIRTH
CERTIFICATE**

Please make checks payable to: Saline County Clerk

_____ BIRTH CERTIFICATE: **FEES:** \$15.00 for initial copy, \$5.00 for each additional copy.

Name on Record _____
Date of Birth _____
Mothers First and Maiden Name _____
Fathers Name _____
Requested By _____ Relationship _____

_____ MARRIAGE LICENSE: **FEES:** \$15.00 for initial copy, \$5.00 for each additional copy.

Date of Marriage _____
Groom's Name _____
Bride's First and Maiden Name _____
Requested By _____ Relationship _____

_____ DEATH CERTIFICATE: **FEES:** \$20.00 for initial copy, \$10.00 for each additional copy.

Name on Record _____
Date of Death _____
Financial Reason Certificate Is Needed _____
Requested By _____ Relationship _____

I, the undersigned applicant, swear or affirm that I have completed the foregoing application for a certified copy of a vital record and that my relationship to the individual whose name appears on the record requested is correct as stated in said application.

Applicant's Signature _____ Date _____