

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

A COPY OF A CURRENT STATE ISSUED ID IS REQUIRED FOR ALL VITAL REQUESTS

Please send a self-addressed, stamped envelope with all submissions.

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

Name on Record (Maiden name) _____

Date of Birth _____

Location 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 _____

Location of Marriage _____

Groom's Name _____

Bride's Name at time of this marriage _____

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 _____

Place where death occurred _____

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: _____

Daytime Phone Number _____

Please make checks payable to: Saline County Clerk