

# 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