



City of Harvey
 15320 Broadway Avenue, Harvey, IL 60426
 Phone: (708) 210-5330 Fax: (708) 210-5358

APPLICATION FOR BIRTH RECORD

I, UNDERSIGNED, DO HEREBY CERTIFY THAT I AM THE PERSON WHOSE RECORD IS SOUGHT OR AS THE PARENT, GUARDIAN, OR LEGAL REPRESENTATIVE OF THE PERSON, AND LEGALLY ENTITLED TO RECEIVE THE REQUESTED CERTIFIED COPY ACCORDING TO THE ILLINOIS STATE STATUTE [CHAP. 111 ½, SEC.73-25(4)(B)].

NOTICE: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEIRING ILLINOIS BIRTH RECORDS IS A CRIMINAL OFFENSE UNDER (410 ILCS 535/27)(FROM CH.111 ½, PAR.73-27)

TWO FORMS OF IDENTIFICATION ARE REQUIRED TO OBTAIN A CERTIFIED RECORD (Current Photo ID and Non-Photo ID Required)

Examples of Acceptable ID: Current/Valid Driver’s License, State ID, or Passport, Current Car/Medical Insurance, Current Utility, Bank/Credit Card Statement, Car/Voter Registration, Military ID, EBT Link Card, Social Security Card, Pay Stub in applicant’s name.

Full Name at Birth	Date of Birth
Could this birth record be under any other name? <i>If Yes, Please Provide Name.</i>	
Has the person ever been adopted? <i>If Yes, Please Provide Name AFTER Adoption.</i>	
City Where Birth Occurred: HARVEY	County Where Birth Occurred: COOK
Name of Hospital: INGALLS MEMORIAL HOSPITAL ONLY	
Full Name of Mother <i>(If adopted, Give Name of Adopted Parent):</i>	Maiden Name of Mother:
Full Name of Father <i>(If adopted, Give Name of Adopted Parent):</i>	
Purpose for which record is to be use: <input type="checkbox"/> SSI <input type="checkbox"/> School/Daycare <input type="checkbox"/> Passport Other: <i>(Please Specify)</i> _____	
Your Relationship to the Individual Named on the requested certificate: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	
Number of Certificates Requested:	
Print Name of Applicant:	Signature of Applicant: X _____
Mailing Address <i>(Number, Street, City, State, ZIP Code)</i> ADDRESS MUST MATCH THE IDENTIFICATION PROVIDED:	
Daytime Telephone Number <i>(including area code):</i>	Today’s Date:

REQUESTS MADE BY MAIL REQUIRE COPIES OF CURRENT VALID ACCEPTABLE IDENTIFICATION, **MONEY ORDER ONLY** PAYABLE TO THE CITY OF HARVEY, AND PAID RETURN POSTAGE. (ANY MISSING DOCUMENTATION WILL MAKE REQUEST INVALID THUS DELAYING REQUEST)

Fees: \$17.00 for one certified copy and \$6.00 for each additional copy of the same record