

Kendall County Clerk & Recorder
111 West Fox Street, Rm. 220
Yorkville, Illinois 60560
630 – 553 – 4104

APPLICATION FOR COPY OF VITAL RECORD

PLEASE BE SURE THAT THE EVENT HAS TAKEN PLACE IN KENDALL COUNTY

Under Illinois State Law (410 ILCS 535 - Vital Records Act), only specific individuals have legal access to birth, death or marriage certificates. The Kendall County Clerk's Office will issue certificates only to authorized individuals. To do otherwise is a violation of Illinois law. VITAL RECORDS ARE NOT CONSIDERED PUBLIC INFORMATION, NOR ARE THEY SUBJECT TO THE FREEDOM OF INFORMATION ACT.

To obtain a Birth Record you must be:

- Of legal age (18 years) if requesting your own certificate.
- The mother of the child whose birth certificate is being requested.
- The father of the child (if you are listed on the birth certificate).
- A legal guardian, agent or representative with documentation to this.
- Certificates of persons over age 75, who are living, will be released to authorized individuals only.

To obtain a Death Record you must be:

- The informant listed on the Death Certificate OR the next of kin
- Someone who has a personal or property right interest in the record.

To obtain a Marriage or Civil Union record you must be:

- The bride or groom. (Anyone else will receive a copy of the front side only.)
- Partner A or Partner B. (Anyone else will receive a copy of the front side only.)

🔑 **YOU MUST PROVIDE PHOTO IDENTIFICATION TO RECEIVE ANY VITAL RECORD**
MAIL-IN REQUESTS MUST PROVIDE PHOTOCOPY OF ID WHEN SUBMITTING APPLICATION

Please Note: This form may be downloaded & used for mail-in orders. It must be accompanied by the proper documentation and payment in full by check or money order.

CERTIFICATE INFORMATION

DATE OF REQUEST _____ NUMBER OF COPIES _____
TYPE OF RECORD REQUESTED: _____ BIRTH _____ DEATH _____ MARRIAGE _____ CIVIL UNION
DATE OF EVENT _____ PLACE OF EVENT _____
NAME ON RECORD _____
(Please include both names for marriage and civil union)
YOUR RELATIONSHIP TO NAME ON RECORD _____

APPLICANT INFORMATION

NAME _____
ADDRESS _____
CITY, STATE & ZIP CODE _____
DAYTIME PHONE NUMBER _____
REASON FOR REQUEST _____

I affirm, under penalty of perjury, that the representations made on this application are true to the best of my knowledge and belief.

SIGNATURE _____