

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

**APPLICATION FOR COPY OF BIRTH OR DEATH 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.

**Fee:**

The fee for a certified copy of a birth certificate is \$10.00 for the first copy and \$2.00 for each additional copy.

**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.

**Fee:**

The fee for a certified copy of a death certificate is \$12.00 for the first copy and \$6.00 for each additional copy.

**A SEARCH FEE PER DOCUMENT APPLIES IF THE DOCUMENT IS NOT FOUND.**

🔑 **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  
DATE OF EVENT \_\_\_\_\_ PLACE OF EVENT \_\_\_\_\_  
NAME ON RECORD \_\_\_\_\_  
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 \_\_\_\_\_