

A Community of Spirit,

Pride and Conviction...



Web Site: cityofredbud.org

A Way of Life... Red Bud

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Application for Search of Birth Record Files

FULL NAME:		FIRST	MIDDLE	LAST	
PLACE OF BIRTH:		HOSPITAL	CITY	COUNTY	
DATE OF BIRTH:	MONTH	DAY	YEAR	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH CERTIFICATE NUMBER
FATHER:			NAME	PARENT'S ADDRESS AT TIME OF BIRTH	
MOTHER:			MAIDEN NAME	MARRIED NAME	
ATTENDANT AT BIRTH (IF KNOWN)		FULL NAME		ADDRESS	

NOTE: There is no charge for a certification when required by the Veteran's Administration. Evidence of the V.A.'s requirement of this record must accompany the application.

Birth certificates are confidential records, and copies can be issued to persons entitled to receive the. The application must indicate the requestor's relationship to the person and the intended use of the certification.

FURNISH ME _____ CERTIFIED COPIES			AMOUNT ENCLOSED: \$ _____ <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CHECK		
Signature:			MAIL COPY TO (IF OTHER THAN APPLICANT) NAME:		
STREET ADDRESS:			STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:
YOUR RELATIONSHIP TO PERSON:			INTENDED USE OF CERTIFICATION:		