

*A Community of Spirit,*

*Pride and Conviction...*

**R E D**



**B U D**

Web Site: [cityofredbud.org](http://cityofredbud.org)

**A Way of Life... Red Bud**

200 East Market Street  
Red Bud, Illinois 62278-1597  
E-Mail: [info@cityofredbud.org](mailto:info@cityofredbud.org)

City Hall: (618) 282-2315  
City Hall Fax: (618) 282-4344  
Utility Department: (618) 282-3339

## 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
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 them. The application must indicate the requestor's relationship to the person and the intended use of the certification.

FURNISH ME _____ CERTIFIED COPIES 1 <sup>st</sup> copy: \$5.00, additional copies: \$2.00/each			AMOUNT ENCLOSED: \$ _____ <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CHECK		
APPLICATION MADE BY 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:		

**Please note: We accept cash, check or money order (pay to the order of "City of Red Bud").  
Application must be dropped off in person or mailed with payment to: Red Bud City Hall  
200 East Market Street, Red Bud, IL 62278.**

Birth Certificate Application September 11, 2024