

**AUGUST H. GRIFFIN**

Edgar County Clerk and Recorder  
115 W. Court Street Room J  
Paris, Illinois 61944-1785  
217-466-7433  
[amalone@edgarcountyillinois.gov](mailto:amalone@edgarcountyillinois.gov)

**VITAL RECORDS REQUEST FORM**

Date \_\_\_\_\_

# of Copies \_\_\_\_\_

Fee \$ \_\_\_\_\_

**BIRTH**

I hereby request a search and certification of Birth of \_\_\_\_\_  
(Full Name)

Born \_\_\_\_\_ Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
(Full Name) (Full Name)

**DEATH**

I hereby request a search and certification of Death of \_\_\_\_\_

Date of Death \_\_\_\_\_ (For internal use: \_\_\_Medical \_\_\_Coroner \_\_\_Fetal)

**MARRIAGE / CIVIL UNION**

I hereby request a search and certification of Marriage/Civil Union of \_\_\_\_\_ to  
(Full Name) (Partner A)

\_\_\_\_\_  
(Full Maiden Name) (Partner B) Date of Marriage / Civil Union \_\_\_\_\_

X \_\_\_\_\_  
Signature of Applicant

X \_\_\_\_\_  
Address

X \_\_\_\_\_  
City, State, Zip

Relationship: Please check one

\_\_\_ Self (Must be 18)

\_\_\_ Parent

\_\_\_ Legal Guardian

\_\_\_ Spouse

\_\_\_ Legal Representative

\_\_\_ Government Agency \_\_\_\_\_

Please return this form and check/money order payable to Edgar County Clerk at above address

Internal use

Request Completed by \_\_\_\_\_

Date \_\_\_\_\_