



BIRTH CERTIFICATE APPLICATION

City of Harvey
15320 Broadway Ave., Harvey, IL 60426

Before filling out this application be certain that the birth occurred at **Ingalls Memorial Hospital**.

PLEASE PRINT CLEARLY

Full Birth Name: _____
First Middle Last

Date of Birth: _____
Month Day Year

Mother's Maiden Name: _____ Fathers Name: _____

Is Birth Request for a minor (17 years old or under): (Y/N) ___ # of Copies: ___

Indicate what document is needed for:

- ___ School Enrollment
- ___ Insurance
- ___ SSI
- ___ Passport
- ___ Other: (Please Specify) _____

COST: \$17 FOR ONE (1) CERTIFIED COPY
\$6 FOR EACH ADDITIONAL COPY OF THE SAME CERTIFICATE PER REQUEST.

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: CITY OF HARVEY
All personal checks require a driver's license and home phone number for check verification.

Two (2) forms of ID (one photo and one non-photo) are required in order to obtain the birth certificates.

Examples of Acceptable photo ID: Current Driver's License State ID
Current Passport Military ID

Examples of Acceptable non-photo ID: Current Utility Bill Social Security Card
Current Insurance Card Voters Registration Card
Current Vehicle Registration Card

For requests made by mail please send in photo copies of required ID only. To ensure processing, make sure all copies are legible.

I, the undersigned, do hereby certify that I am the person whose record is sought or as the parent, guardian, or legal representative of the person, and legally entitled to receive the requested certified copy according to the Illinois State Statute ([Chap. 111 ½, Sec. 73-25 (4)(b)].

_____ **Print Name**

_____ **Signature**

_____ **Mailing Address**

Relationship to person on Document
___ Parent ___ Other (specify) _____

_____ **City State Zip Code**

(____)____-____ **Phone No.**