

Melanie Falk, MMC  
Office of the City Clerk  
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Macomb, IL 61455  
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**FEE: FIRST COPY - \$10.00 ADDITIONAL COPIES \$5.00 EACH**  
**CASH, CHECK OR MONEY ORDER PAYABLE TO: CITY OF MACOMB**

**APPLICATION FOR SEARCH OF BIRTH RECORDS**

Name on Certificate: \_\_\_\_\_  
First Middle Last

Place of Birth: \_\_\_\_\_  
City Hospital

Date of Birth: \_\_\_\_\_  
Month Day Year

Father: \_\_\_\_\_  
First Middle Last

Mother: \_\_\_\_\_  
First Middle (Maiden)

**\*\*Please Bring Photo Identification With You\*\***

Your Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City,State/Zip Phone Number

Relationship to Person Named Above:

Intended Use of Record \_\_\_\_\_ Copies \_\_\_\_\_ Identification: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For mailing purposes, please provide the address, if Different from Above, along with a copy of your Drivers License or other State Issued ID with the completed Application for Birth Record.**

Address \_\_\_\_\_  
Street City State/Zip Phone Number