

Melanie Falk, MMC
Office of the City Clerk
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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