



**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
 Division Of Vital Records  
 925 East Ridgely Avenue  
 Springfield, IL 62702-2737

**APPLICATION FOR CORRECTION OF A BIRTH CERTIFICATE**

Birth certificate corrections are \$15 and include one certified copy of the revised birth record. Additional certified copies of the same record are \$2 each. Make check or money order payable to Illinois Department of Public Health or IDPH. **Please print or type information clearly.**

Child's name as presently listed on record \_\_\_\_\_

Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_  
(hospital, city and county) (month, day and year)

Mother's full maiden name \_\_\_\_\_

Father's name \_\_\_\_\_ State file number \_\_\_\_\_  
(if listed on the record) (if known)

I REQUEST THE FOLLOWING CORRECTION(S) TO THE ABOVE CHILD'S BIRTH RECORD:

_____	should read	_____
<small>(incorrect information)</small>		<small>(correct information)</small>
_____	should read	_____
<small>(incorrect information)</small>		<small>(correct information)</small>
_____	should read	_____
<small>(incorrect information)</small>		<small>(correct information)</small>
_____	should read	_____
<small>(incorrect information)</small>		<small>(correct information)</small>

**ADDITIONAL COMMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
(of person making this request)

Address \_\_\_\_\_ Date \_\_\_\_\_  
(street, apartment and floor)  
 \_\_\_\_\_  
(city, state and ZIP code)

Written signature \_\_\_\_\_  
(of the person making the request)