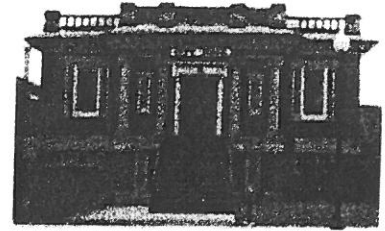


Brian "Petie" Ruch  
 City Clerk  
 Phone (217) 323-3110

**CITY of BEARDSTOWN**  
 Member of the Illinois Municipal League

**CITY HALL**  
 105 West 3rd Street  
 Beardstown, Illinois 62618



| Application for Search of Birth Record Files of Deceased Person   |                |                          |      |                                      |                            |        |  |
|---|----------------|--------------------------|------|--------------------------------------|----------------------------|--------|--|
| This application form is prescribed and furnished by the Illinois Department of Public Health as set forth in 410 ILCCS 535/25.1              |                |                          |      |                                      |                            |        |  |
| Section A - Birth Information   |                |                          |      |                                      |                            |        |  |
| 1. Name at Birth  | First          | Middle                   |      |                                      | Last                       |        |  |
| 2. Place of Birth   | Hospital       |                          |      | City or Town                         |                            | County |  |
| 3. Date of Birth  | Month          | Day                      | Year | 4. Sex Male <input type="checkbox"/> | 5. Birth Number (if known) |        |  |
|   |                |                          |      | Female <input type="checkbox"/>      |                            |        |  |
| 6. Father's Full Name   | First          | Middle                   |      |                                      | Last                       |        |  |
| 7. Mother's Full Name   | First          | Middle                   | Last | 8. Mother's Maiden Surname           |                            |        |  |
| Section B - Death Information   |                |                          |      | Section C - Applicant Information    |                            |        |  |
| 1. Full Legal Name at Death (First, Middle, Last)   |                |                          |      | 1. Name (First, Middle, Last)        |                            |        |  |
| 2. For Female Decedents, Maiden Surname   |                |                          |      | 2. Street Address                    |                            |        |  |
| 3. Date of Death  | Month/Day/Year |                          |      | 3. City, State, Zip                  |                            |        |  |
| 4. Place of Death   | City, State    |                          |      | 4. Social Security No.               |                            |        |  |
| 5. Relationship to Decedent   |                |                          |      | 5. Driver's License Number/State     |                            |        |  |
| I affirm, under the penalties for perjury, that the representations made on this application are true to the best of my knowledge and belief. |                |                          |      |                                      |                            |        |  |
| Date _____  |                | Work Telephone ( ) _____ |      |                                      |                            |        |  |
| _____   |                | Home Telephone ( ) _____ |      |                                      |                            |        |  |
| Written Signature   |                |                          |      |                                      |                            |        |  |

**Must show proof of death**

SP5919B