

**CITY OF HIGHLAND PARK  
APPLICATION FOR SEARCH OF BIRTH RECORD FILES**

**APPLICANTS MUST BE 18 YEARS OF AGE - A PHOTO ID IS REQUIRED**

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SEND MAIL REQUESTS TO: CITY OF HIGHLAND PARK 1707 ST JOHNS AVE  
HIGHLAND PARK, ILLINOIS 60035 – Phone number: 847-432-0800

AMOUNT ENCLOSED \$ \_\_\_\_\_ FOR \_\_\_\_\_ COPIES

FULL NAME	First			Middle		Last	
DATE OF BIRTH	Month	Day	Year	SEX	BIRTH NUMBER - IF KNOWN		
FATHER	First			Middle		Last	
MOTHER	First		Middle	Maiden Name		Married Name	

**APPLICATION MADE BY**

**MAIL COPY TO**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
YOUR RELATIONSHIP TO PERSON

\_\_\_\_\_  
INTENDED USE OF DOCUMENT

**NOTE: Birth certificates are confidential records and copies can be issued only to persons entitled to receive them. The application must indicate the requester's relationship to the person and the intended use of the document.**