



VITAL RECORD REQUEST Agent Authorization

I, _____ (individual named on record)

hereby authorize _____ (agent for individual on record).

to obtain a certified vital record of _____ (individual named on record).

Date of Birth/Death/Marriage _____
(Circle one) Month Day Year

Place of Birth/Death/Marriage _____
City/Township

Full Name of Father/Co-Parent _____
(*Birth Name) First Name Middle Name Last Name

Full Name of Mother/Co-Parent _____
(*Birth Name) First Name Middle Name Last Name

I, the undersigned do hereby certify that as the person whose record is sought, or as the parent, guardian, or legal representative of the person, I am legally entitled according to the Illinois State Statute (Vital Records Act) to receive the requested certified copy and to authorize the Tazewell County Clerk to release this record to the above-named agent.

**Signature of Individual Named on Record

Relationship to Individual Named on Record

Current name is different than name on certificate due to marriage (please check) Yes No

Address (street, city, state & zip code)

Phone or Email

THIS FORM MUST BE NOTARIZED

State of _____

County of _____

Signed before me on this _____ day of _____, in the year of _____ by _____
Name of Individual

(Notary Seal)

Notary Public Signature

****Individual completing this form must attach a photocopy of their valid Driver's License or State ID Card**