



Michelle M. Kollmann
EFFINGHAM COUNTY CLERK & RECORDER
101 N. Fourth St Suite 201, PO Box 628
Effingham IL 62401
217-342-6535
Website: www.co.effingham.il.us

REQUEST FOR VITAL RECORDS

(used for obtaining certificate by mail)

**** PLEASE ATTACH A PHOTOCOPY OF YOUR DRIVER'S LICENSE E OR STATE ID TO THIS REQUEST**

CERTIFIED COPY OF A BIRTH OR DEATH CERTIFICATE:

NUMBER OF CERTIFIED COPIES: _____

Full Name _____
First Middle Last

Date of Event _____

Place of Event _____

Name of Mother: _____

Name of Father: _____

CERTIFIED COPY OF A MARRIAGE CERTIFICATE:

NUMBER OF CERTIFIED COPIES: _____

Full Name of Groom _____
First Middle Last

Full Name of Bride (Maiden) _____
First Middle Last

Date of Marriage _____

Place of Marriage _____
City

I, the undersigned to hereby certify that I am a person who is legally entitled to this certified certificate.

Print Name _____

Signature/Date: _____

Mail Record to: _____
Address City, State, Zip

Contact Phone # _____

Your relationship to the person named on document _____

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**** Make payment to: Effingham County Clerk and mail this form to above address**