



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

## 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**

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### CERTIFIED COPY OF A BIRTH OR DEATH CERTIFICATE:

NUMBER OF CERTIFIED COPIES: \_\_\_\_\_ REQUEST FOR: Birth or Death  
(Circle One)

Full Name \_\_\_\_\_  
First Middle Last

Date of Event \_\_\_\_\_

Place of Event \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Name of Father: \_\_\_\_\_

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### 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

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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**