



CASS COUNTY CLERK & RECORDER

Shelly Wessel

REQUESTS FOR VITAL RECORDS

(Copy of photo ID required)

YOUR NAME: _____

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

PHONE NUMBER: _____ NUMBER OF COPIES DESIRED: _____

BIRTH RECORDS

NAME ON BIRTH RECORD: _____

FIRST

MIDDLE

LAST

YOUR RELATIONSHIP TO PERSON NAMED ABOVE: _____

DATE OF BIRTH: _____ COUNTY: _____

MONTH/ DAY/ YEAR

FATHER'S NAME: _____ MOTHER'S NAME (Maiden): _____

SIGNATURE OF PERSON APPLYING: _____

DEATH RECORDS

NAME OF DECEASED: _____

DATE OF DEATH: _____ COUNTY: _____

YOUR RELATIONSHIP TO DECEASED: _____

SIGNATURE OF PERSON APPLYING: _____

MARRIAGE RECORDS

NAME OF GROOM: _____

NAME OF BRIDE (Before Marriage): _____

DATE OF MARRIAGE: _____ COUNTY: _____

YOUR RELATIONSHIP TO BRIDE/GROOM: _____

SIGNATURE OF PERSON APPLYING: _____

A CERTIFIED COPY OF BIRTH AND MARRIAGE RECORDS ISSUED AT THE SAME TIME IS \$15.00 FOR THE FIRST COPY AND \$5.00 FOR EACH ADDITIONAL COPY OF THE SAME DOCUMENT.

FOR A CERTIFIED COPY OF DEATH RECORDS IS \$19.00 PER CERTIFIED COPY.

*SEARCH AND A COPY FOR GENEALOGY PURPOSES OF BIRTH AND MARRIAGE RECORDS IS \$5.00 PER COPY.

*SEARCH AND COPY FOR GENEALOGY PURPOSES OF DEATH RECORDS IS \$9.00 PER COPY.

100 E. SPRINGFIELD ST
VIRGINIA, IL 62691