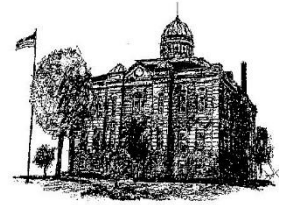


**MENARD COUNTY CLERK & RECORDER**

**Patricia Duncheon  
102 South Seventh Street  
P.O. Box 465  
Petersburg, Illinois 62675  
(217)632-3201 or (217)632-2415  
Fax (217)632-4301**



**Chief Deputy Recorder: Carol Schafer  
Deputy Clerk: Liz Schultz  
Deputy Registrar: Kaylee Britton**

**REQUESTS FOR VITAL RECORDS**

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

NUMBER OF COPIES DESIRED: \_\_\_\_\_

THE FEE FOR THE SEARCH AND A COPY FOR GENEALOGY PURPOSES OF BIRTH, DEATH OR MARRIAGE RECORDS IS \$3.00 PER COPY. THE FEE FOR THE SEARCH AND A CERTIFIED COPY OF BIRTH, DEATH OR MARRIAGE RECORDS ISSUED AT THE SAME TIME IS \$11.00 FOR THE FIRST COPY AND \$8.00 FOR EACH ADDITIONAL COPY OF THE SAME DOCUMENT. FOR LARGE SEARCHES THERE IS AN ADDITIONAL \$10.00 CHARGE.

**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: \_\_\_\_\_