



Hamilton County Clerk

100 South Jackson Street
Room 2
McLeansboro, IL 62859
(618) 643-2721

coclerk@hamiltoncountyil.gov

-OFFICE USE ONLY-

Search Fee (Up to 5 Searches) \$6.00
of Search Fees _____ x \$6 = \$ _____
of Items Issued _____ x \$2 = \$ _____
Receipt # _____ Date ____/____/____
Signature _____

APPLICATION FOR GENEALOGICAL SEARCH

1. Fee: \$6.00 Search Fee up to 5 Searches, Plus \$2.00 Per Copy
Copies will NOT be certified and will indicate "FOR GENEALOGICAL PURPOSES ONLY"

2. Uncertified copies will only be issued for the following types of records:

- Birth Certificates – if on file for at least 75 years (Proof of death if under 100 years)
- Death Certificates – if on file for at least 20 years
- Marriage Certificates – if on file for at least 50 years

3. Search requested (If more space is needed, please use supplement page or attach list)

BIRTH	Name at Birth:	Date of Birth: ____/____/____
	Name of Mother (Maiden Name):	Name of Father:
MARRIAGE	Name of Bride/Groom/Spouse:	Name of Bride/Groom/Spouse:
	Date of Marriage: ____/____/____	Place of Marriage:
DEATH	Name of Deceased:	Age at time of Death:
		Date of Death: ____/____/____
	Place of Death:	Name of Spouse:
	Name of Mother:	Name of Father:

4. Applicant Information

Name:		
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	
Relationship to person whose record is requested:		
Signature:		Date: ____/____/____
PLEASE INCLUDE PAYMENT AND COPY OF PHOTO ID		



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SUPPLEMENT BIRTH SEARCH

BIRTH	Name at Birth:	Date of Birth: ____/____/____
	Name of Mother (Maiden Name):	Name of Father:
BIRTH	Name at Birth:	Date of Birth: ____/____/____
	Name of Mother (Maiden Name):	Name of Father:
BIRTH	Name at Birth:	Date of Birth: ____/____/____
	Name of Mother (Maiden Name):	Name of Father:
BIRTH	Name at Birth:	Date of Birth: ____/____/____
	Name of Mother (Maiden Name):	Name of Father:



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SUPPLEMENT MARRIAGE SEARCH

MARRIAGE	Name of Bride/Groom/Spouse:	Name of Bride/Groom/Spouse:
	Date of Marriage: ____ / ____ / ____	Place of Marriage:
MARRIAGE	Name of Bride/Groom/Spouse:	Name of Bride/Groom/Spouse:
	Date of Marriage: ____ / ____ / ____	Place of Marriage:
MARRIAGE	Name of Bride/Groom/Spouse:	Name of Bride/Groom/Spouse:
	Date of Marriage: ____ / ____ / ____	Place of Marriage:
MARRIAGE	Name of Bride/Groom/Spouse:	Name of Bride/Groom/Spouse:
	Date of Marriage: ____ / ____ / ____	Place of Marriage:



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SUPPLEMENT DEATH SEARCH

DEATH	Name of Deceased:	Date of Death: ____/____/____	Age at time of Death:
	Place of Death:	Name of Spouse:	
	Name of Mother:	Name of Father:	
DEATH	Name of Deceased:	Date of Death: ____/____/____	Age at time of Death:
	Place of Death:	Name of Spouse:	
	Name of Mother:	Name of Father:	
DEATH	Name of Deceased:	Date of Death: ____/____/____	Age at time of Death:
	Place of Death:	Name of Spouse:	
	Name of Mother:	Name of Father:	
DEATH	Name of Deceased:	Date of Death: ____/____/____	Age at time of Death:
	Place of Death:	Name of Spouse:	
	Name of Mother:	Name of Father:	