



State of Illinois
Illinois Department of Public Health

Division of Vital Records
(217)785-3164

County of _____ District # _____ County Clerk _____ **OR** Local Registrar _____

_____ Number of certified copies of Death and Fetal Death Certificates issued.

Check is for the month of _____, 20_____.

Multiply number of copies issued by \$4.00, total amount due \$_____. If none issued put 0 in amount due.

Remit a check made payable to the Illinois Department of Public Health for the amount stated above along with a copy of this completed VR360 form to:

IDPH Vital Records
Attn: DCSF/COLDF
925 E. Ridgely Ave.
Springfield, IL 62702

OR

Signature of County Clerk

Date

Signature of Local Registrar

Date

If your contact information changes, please update the following information: Contact person _____

Email Address _____ Phone number _____