**Section 500.APPENDIX A Birth Records**

**Section 500.ILLUSTRATION F Application for Correction of a Birth Certificate**

**APPLICATION FOR CORRECTION OF A BIRTH CERTIFICATE**

MAIL TO: Illinois Department of Public Health

Office of Vital Records

605 West Jefferson

Springfield, Illinois 62761

I wish to have errors corrected on the birth certificate identified as follows:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| FULL NAME | | | | | | | | | | | | | | | | | | | | | | | | | |
| OF CHILD: | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLACE | | | | | | |  | | | | | | | | | | | | |  | | | | | |
| OF BIRTH: | | |  | | | | | | | | | | | | | | | | | | | | | | |
| HOSPITAL | | | | | | | | | | | | | COUNTY | | | | | | | | CITY, VILLAGE, TOWNSHIP | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE | | | | | | | | | | REGISTERED | | | | | | | | | | | | | STATE FILE | | |
| OF BIRTH: | |  | | | | | | | | NUMBER | | | |  | | | | | | | | | NUMBER | |  |
| MONTH DAY YEAR | | | | | | | | | | | |  | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOTHER'S | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAIDEN NAME: | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| FATHER'S NAME AS | | | | | | | | | | | |  | | | | | | | | | | | |  | |
| LISTED ON BIRTH RECORD: | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please give us the *INCORRECT* and *CORRECT* information below: | | | | | | | | | | | | | | | | | | | | | | | | | |
| INCORRECT INFORMATION | | | | | | | | | | |  | | | | CORRECT INFORMATION | | | | | | | | | | |
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|  | | | | | | | | | | | SHOULD READ | | | | |  | | | | | | | | | |
| PRINT | | | | | | | |  | | | | | | | | | PRINT | | | | | | | | |
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|  | | | | | | | | | | | SHOULD READ | | | | |  | | | | | | | | | |
| PRINT | | | | | | | |  | | | | | | | | | PRINT | | | | | | | | |
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|  | | | | | | | | | | | SHOULD READ | | | | |  | | | | | | | | | |
| PRINT | | | | | | | |  | | | | | | | | | PRINT | | | | | | | | |
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| PRINT | | | | | | | |  | | | | | | | | | PRINT | | | | | | | | |
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| PRINT | | | | | | | |  | | | | | | | | | PRINT | | | | | | | | |
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| ADDITIONAL COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please mail correction forms to: | | | | | | | | WRITTEN SIGNATURE: | | | | | | | | | |  | | | | | | | |
| ADDRESS: | | | | | | | | | | | | | | | | | | |  | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE: |  | | | | | | | | MY RELATIONSHIP TO CHILD: | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| VR – 401.1 REV. 6/75 | | | | | | | | | | | | | | | | | | | | | | | | | |

(Source: Added at 15 Ill. Reg. 11706, effective August 1, 1991)