**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:

|  |
| --- |
| 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 |
|  |
|  | SHOULD READ |  |
| PRINT |  | PRINT |
|  |
|  | SHOULD READ |  |
| PRINT |  | PRINT |
|  |
|  | SHOULD READ |  |
| PRINT |  | PRINT |
|  |
|  | SHOULD READ |  |
| PRINT |  | PRINT |
|  |
|  | SHOULD READ |  |
| PRINT |  | PRINT |
|  |
| ADDITIONAL COMMENTS: |
|  |
|  |
|  |
|  |
| Please mail correction forms to: | WRITTEN SIGNATURE: |  |
| ADDRESS: |  |
|  |  |
|  |
| DATE: |  | MY RELATIONSHIP TO CHILD: |  |
|  |
| VR – 401.1 REV. 6/75 |

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