# **Section 500.APPENDIX B Delayed Birth Records**

**Section 500.ILLUSTRATION D Application for Delayed Record of Birth**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICATION FOR DELAYED RECORD OF BIRTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| of Child | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | |  | | | | | | | | | | | | | | | | Time | | | |  | | | | | | | Sex | | | | | | |  | | | | | | |
| of Birth | |  | | | | | | | | | | | | | | | | | | of Birth | | |  | | | | | | | | of Child | | | | | |  | | | | | | | |
| Place | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| of Birth | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Hospital | | | | | | | | | | | | | | | | County | | | | | | | | | | | | | | City, Village, Township | | | | | | | | |
| If not born in hospital, give complete address where child was born | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maiden Name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's | | | | | | | | |  | | | | | | | | | | | Mother's | | | | | |  | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | |  | | | | | | | | | | | | | | | | Place of Birth | | | | | | | | |  | | | | | | | | | | | | | | | |
| Mother's complete mailing | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| address at time of child's birth | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | Street & number or R.F.D. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | City or Town | | | | | | | | | | | | | | | | State | | | | | | Zip | | | | |
| Mother's residence at | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| time of child's birth | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Street & number | | | | | | | | | | | | | | | | | City or Town | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Yes/No | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | Inside City | | | | | | | | | | | | County | | | | | | | | | | | | | State | | | | | | | | |
| Father's | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father's | | | | | | | | |  | | | | | | | | | | | Father's | | | | | | |  | | | | | | | | | | | | | | | | | |
| Date of Birth | | | |  | | | | | | | | | | | | | | | | Place of Birth | | | | | | | |  | | | | | | | | | | | | | | | | |
| Was mother married at the time of conception, birth or anytime between conception and birth? If yes, date of parent's marriage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List below all OTHER children of this mother who were born BEFORE this child was born. DO NOT COUNT THIS CHILD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (a) | Number | | | | | | | | | | |  | | | (b) | | | | Number BORN alive | | | | | | | | | | | | |  | | | (c) | | | | Number | | | |  | |
|  | still living | | | | | | |  | | | | | | |  | | | | but now dead | | | | | | | | |  | | | | |  | | | | | | born dead | | |  | | |
|  | |  | | | | | | | | | | Written Signature | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My Relationship to Child | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8631A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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