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

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

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| 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)