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

**Section 500.ILLUSTRATION E Delayed Record of Birth (Registered After Seventh Birthday)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **THIS IS A PERMAMENT RECORD****•USE TYPEWRITER WITH BLACK RIBBON OR PRINT WITH PEN USING BLACK INK****•ALL SIGNATURES MUST BE HANDWRITTEN IN PEN AND INK**This Delayed Record of Birth must be executed in accordance with the provisions of Paragraph 73-14 of the Vital Records Act(Paragraphs 73-1 through 73-29, Chapter 111 ½, Illinois Revised Statutes, as amended) and with the rules and instructions of the Illinois Department of Public Health.  This record shall be presented for filing to the State Registrar of Vital Records at Springfield.When accepted and filed an exact copy will be furnished the county clerk of the county in which the birth occurred.I certify that a diligent search of the official birth records was made and that no prior certificate was found for this registrant. | I certify that a diligent search of the official birth records was made and that no prior certificate was found for this registrant.Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | STATE OF ILLINOISDEPARTMENT OF PUBLIC HEALTH |  | ORIGINAL |
| **DELAYED RECORD OF BIRTH** | STATE FILE NO. |
|  |  | (REGISTERED AFTER SEVENTH BIRTHDAY) |  |
|  | CHILD-*NAME* | FIRST | MIDDLE | LAST | DATE OF BIRTH (MONTH, DAY, YEAR) |
|  | 1. | 2. |
|  | If your name has been changed (except by marriage) enter the name you are now known by in this space. | SEX |
|  | 3. | 4. |
|  | CITY, TOWN, TWP, OR ROAD DISTRICT NO. | COUNTY |
|  | 5a. | 5b. |
|  | MOTHER-*MAIDEN NAME* | FIRST | MIDDLE | LAST | AGE (AT TIME OF THIS BIRTH) | STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) |
|  | 6a. | 6b. | 6c. |
|  | FATHER-*NAME* | FIRST | MIDDLE | LAST | AGE (AT TIME OF THIS BIRTH) | STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) |
|  | 7a. | 7b. | 7c. |
|  | 8. AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. |
|  | b.) | Address |  |
|  | a.) Signed |  |  |  |  |
|  | (PRESENT LEGAL NAME OF REGISTRANT) |  |
|  |  |  |
|  | (SEAL) | c) | Subscribed and sworn to before me this  |  | day of |  | 19 |  |
|  |  | at |  |
|  | (PLACE) |  | SIGNATURE OF COUNTY CLERK OR NOTARY |
|  | APPLICANT! DO NOT WRITE BELOW THIS LINE |
| KIND OF DOCUMENT AND DATE MADE |  | INFORMATION GIVEN IN DOCUMENT AS TO BIRTH DATE, BIRTHPLACE, AND PARENTS |
| ASBSTRACT OF SUPPORTING EVIDENCE | DOCUMENTNo. 1 |  |  | Age or birth date: |  |
|  |  | Birthplace: |  |
|  |  |  |  |
|  |  | Father: |  |
|  |  | Mother: |  |
| DOCUMENTNo. 2 |  |  | Age or birth date: |  |
|  |  | Birthplace: |  |
|  |  |  |  |
|  |  | Father: |  |
|  |  | Mother: |  |
| DOCUMENTNo. 3 |  |  | Age or birth date: |  |
|  |  | Birthplace: |  |
|  |  |  |
|  |  | Father: |  |
|  |  | Mother: |  |
| DOCUMENTNo. 4 |   |  | Age or birth date: |  |
|  |  | Birthplace: |  |
|  |  |  |
|  |  | Father: |  |
|  |  | Mother: |  |
|  | ACCEPTED AND FILED AT SPRINGFIELD FOR THE STATE REGISTRAR OF VITAL RECORDS |
|  | by | Deputy State Registrar, on  | , | 19 |  |
|  |  | *This record is valid only if it has been accepted by and filed with the State Registrar of Vital Records at Springfield, Illinois.* |
|  | ILLINOIS DEPARTMENT OF PUBLIC HEALTH – OFFICE OF VITAL RECORDS |

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