**Section 500.APPENDIX E Adoption Records**

**Section 500.ILLUSTRATION A Certificate of Adoption**

STATE OF ILLINOIS

**CERTIFICATE OF ADOPTION**

*(See reverse side for excerpts from statutes and other instructions)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PERSONAL DATA BASED ON ADOPTION NEEDED TO PREPARE THE NEW BIRTH CERTIFICATE | CHILD | 1. | CHILD'S NEW NAME | *(First)* | *(Middle)* | *(Last)* |
|  |  |  |  |  |
|  | FATHER | 2. | Father's | *(First)* | *(Middle)* | *(Last)* | 3. Father's Birth Date |
|  |  |  | FullName |  |
|  |  | 4. | Father's  | *(State or foreign country)* | 5. Color or Race | 6a. Usual Occupation | 6b. Kind of Business or Industry |
|  |  |  | BirthPlace |  |  |  |
|  | MOTHER | 7. | Mother's | *(First)* | *(Middle)* | *(Last)* | 8. Mother's Birth Date |
|  |  |  | MaidenName |  |
|  |  | 9. | Mother's  | *(State or foreign country)* | 10. Color or Race | 11. Mother's Usual Residence *(City, Town or Twsp. County & State)* |
|  |  |  | Birth |  |  |  |
|  |  |  | Place |  |  |  |
|  |  | 12. | How many OLDER children of this Mother | a. Are now living? | b. Are now dead? | c. Were born dead? |
|  |  |  | (including adopted ones). |  |  |  |
|  |  | 13. | A new certificate of birth  | [ ]  is | [ ]  is not | to be prepared and filed. |  |  |
| VERIFICA-TION OF ABOVE DATA | 14. | Signature of Parents Verifying above Personal Data | 15. Present Complete Mailing Address of Adoptive Parents |
|  |  |  |
| ATTORNEY | 16. | Name of Attorney and Law Firm | 17. Attorney's Mailing Address |
|  |  |  |  |
| PERSONAL DATA NEEDED TO IDENTIFY ORIGINAL BIRTH CERTIFICATE (Which will be removed to a Sealed File) | 18. | Child's | *(First)* | *(Middle)* | *(Last)* | 19. State Birth Certificate Number if Known |
|  |  | Name |  |  |  |  |
|  |  | at Birth |  |  |  |  |
|  | 20.  | Sex | 21. | Date | *(Mo)* | *(Day)* | *(Yr.)* | 22. Place of Birth | a. State | b. County | c. City, Village or Twsp. | d. Hospital |
|  |  |  |  | of |  |  |  |  |  |  |  |  |
|  |  |  |  | Birth |  |  |  |  |  |  |  |  |
|  | 23. | Maiden Name | *(First)* | *(Middle)* | *(Last)* |
|  |  | of Natural |  |
|  |  | Mother |  |
|  | 24. | Full Name | *(First)* | *(Middle)* | *(Lasts)* |
|  |  | of Natural |  |
|  |  | Father |  |
| CERTFICATION OF CLERK OF COURT | 25. | STATE OF ILLINOIS | Case Number |
|  |  | CIRCUIT COURT OF | COUNTY | Date of Decree |
|  | I hereby certify that the child identified at item 18 was adopted by the parent(s) named at items 2 and 7, and is now to bear the name shown at item number 1, as set forth in the Decree of Adoption. |
| COURTSEAL |  | Signed | , Clerk |
|  |  | Date Signed | at | , Illinois |

Vr 160 (1969r) (Send this Certificate of Adoption to: State Registrar of Vital Records, Illinois Department of Public Health, Springfield, Illinois 62706)

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