**Section 500.APPENDIX E Adoption Records**

**Section 500.ILLUSTRATION B Information Concerning Adoptive Parents**

**DEPARTMENT OF PUBLIC HEALTH**

DIVISION OF VITAL RECORDS

605 W. JEFFERSON ST.

SPRINGFIELD, IL 62702-5097

RE: ADOPTION OF *(Child's name by adoption)*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INFORMATION CONCERNING ADOPTIVE PARENTS**

(Information should be given as existed when child was born)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ADOPTIVE FATHER** | | | |  | **ADOPTIVE MOTHER** | | |
| Full  Name |  | | |  | Full  Maiden Name |  | |
| Residence at the time this child was born  *(if rural, give township or road district)* | | | |  | Residence at the time this child was born  *(if rural, give township or road district)* | | |
|  | | | |  |  | | |
| Street | | | |  | Street | | |
|  | | | |  |  | | |
| City or Place & State or Country | | | |  | City or Place & State or Country | | |
| Color or Race | |  | |  | Color or Race |  | |
| Date of Birth | |  | |  | Date of Birth |  | |
| Place of Birth | |  | |  | Place of Birth |  | |
| Social Security # | | |  |  | Social Security # | |  |
| Occupation (*at time this child was born*) | | | |  | Occupation (*at time this child was born*) | | |
|  | | | |  |  | | |

List below all **OTHER** children of this mother **who were born BEFORE this child was born**, counting children **BORN** to her and other children **ADOPTED** by her. DO NOT COUNT THIS CHILD.

(a) Number still living \_\_\_ (b) Number BORN alive but now dead \_\_\_ (c) Number born dead \_\_\_

|  |  |
| --- | --- |
|  | |
| (*signature of one adoptive parent*) | |
| Date: |  |

VR 168 (3/91)

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