**Section 500.APPENDIX E Adoption Records**

**Section 500.ILLUSTRATION M Adoptive Parent Registration Identification Form**



**Illinois Department of Public Health**

**ADOPTIVE PARENT REGISTRATION IDENTIFICATION**

*(Enter all known information.)*

|  |
| --- |
|  |
| I, |  | , state the following |
| (first) | (middle) | (last) |
| I am the |  |  |
| adoptive parent of |  | Race |  |  |
|  (adoptive name) | (first) | (middle) | (last) |  |
| Date of birth |  | Sex |  | Hospital (if known) |  |  |
| City and state of birth |  |  |
| Name ofadoptive father |  |  |
| (first) | (middle) | (last) |
| Name ofadoptive mother |  |  |
|  | (first) | (middle) | (maiden) | (last) |
| Our/my adopted son/daughter was adopted |  | through |
|  | (approximate date) |  |
|  |  |  |  |  |
|  | (name of agency) |  | (city and state of agency) |  |
| Adopted privately |  | (state "yes" if applicable) |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Adopted person'sbirth name (if known) |  | Race |  |  |
| (first) | (middle) | (last) |
| Name ofbirth mother |  | Race |  |  |
| (if known) | (first) | (middle) | (maiden) | (last) |
| Name ofbirth father |  | Race |  |  |
| (if known) | (first) | (middle) | (last) |
|  Other identifying information |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Provide name(s) at birth and ages of siblings(s) having a common birth parent with adopted person (if known)If more than one sibling, please give information requested below on reverse side of this form. |
|  |  |  |
| (first) | (middle) | (last) |
| Date of birth |  | Sex |  | Race |  |  |
|  | (or approximate age) |  |
| City and state of birth |  |  |
| Name(s) of commonbirth parent(s) |  | Race |  |  |
|  | (first) | (middle) | (last) |  |
|  |  | Race |   |  |
|  | (first) | (middle) | (last) |  |
| *(Please note that your registration expires when the adopted person attains the age of 21, unless guardianship extends beyond this time and you have submitted a certified court order of guardianship. A competent adult adopted person must file his or her own registration.)* |

|  |  |
| --- | --- |
|  |  |
|  | (signature of adoptive parent) |
|  |  |  |
| (date) |  | (printed or typed name of adoptive parent) |
| Illinois Department of Public Health, Division of Vital Records, 605 W. Jefferson St., Springfield IL 62702-5097 |
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