**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 of  adoptive father | | | | |  | | | | | | | | | | | | | | | | | | |  |
| (first) | | | | | | | | | | | | (middle) | | | | | (last) | | | | | | | |
| Name of  adoptive 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) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Adopted person's  birth name (if known) | | |  | | | | | | | | | Race | |  |  |
| (first) | | | | | | (middle) | | | | (last) | | | | | |
| Name of  birth mother | |  | | | | | | | | | | Race | |  |  |
| (if known) | | (first) | | | (middle) | | | (maiden) | | | (last) | | | | |
| Name of  birth 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 common  birth 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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