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

**Section 500.ILLUSTRATION F Affidavit in Support of an Application for a Delayed Registration of Birth (Continued)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FORM C – AFFIDAVIT OF PARENT FOR A DELAYED REGISTRATION OF THE BIRTH OF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ON | |  | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Month | | | | | | Day | | | | | | Year | | |
| AT | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ILLINOIS | | | | | | | | | | | | | | | | | | | | | | | | | |
| City and County | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STATE OF | | | | | | | | | | | | | | | | | | | | | | | | | } | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY OF | | | | | | | | | | | | | | | | | | | | | | | | |
| I, | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , of lawful age, being | | | | | |
| duly sworn upon oath, depose and say: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| THAT I am the | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | of the person named above and that this child was born on | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Father, Mother | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | at | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | | | | | | | | | | Day | | | | | | | Year | | | | | | | |  | | | | Street address or general location in the community | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| in | |  | | | | | | | | | | | | | | | | | | | | | | | | , | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | County, Illinois; | | | | |
| City, village, township or road district | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AND FURTHER THAT the personal particulars of the child's parents are as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father's full name is | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | his color or race is | | | | | | | | |  | | | | | | | | | | the year of his | | | |
| birth was | | | | | | |  | and his birthplace was | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | City or county and state or country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother's MAIDEN name is | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | her color or race is | | | | | | | | | |  | | | | | | | | | the year of her | | | |
| birth was | | | | | | |  | and her birthplace was | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | City or county and state or country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AND FURTHER THAT this was a | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | birth and that this child was the | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Single, twin, triplet | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | 1st, 2nd, 3rd, 4th, etc. | | | | | | | |
| child born alive to this mother and that the following children were born to her on or before the birthdate of this child at the places and dates stated: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | NAME | | | | | | | | | | | | |  | SEX | | | | | | | | |  | | | DATE OF BIRTH | | | | | | | | | | | | | | | | | | | | |  | BIRTHPLACE | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |  |  | | | | | | | |  | | | (month, day, year) | | | | | | | | | | | | | | | | | | | | |  | | (city or county & state or country) | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |  |  | | | | | | | | was | | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
| 1) |  | | | | | | | | | | | | | , |  | male, | | | | | | | | born | | |  | | | | | | | | | | | | | | | | | | | | | at | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |  |  | | | | | | | | was | | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
| 2) |  | | | | | | | | | | | | | , |  | male, | | | | | | | | born | | |  | | | | | | | | | | | | | | | | | | | | | at | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |  |  | | | | | | | | was | | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
| 3) |  | | | | | | | | | | | | | , |  | male, | | | | | | | | born | | |  | | | | | | | | | | | | | | | | | | | | | at | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |  |  | | | | | | | | was | | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
| 4) |  | | | | | | | | | | | | | , |  | male, | | | | | | | | born | | |  | | | | | | | | | | | | | | | | | | | | | at | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |  |  | | | | | | | | was | | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
| 5) |  | | | | | | | | | | | | | , |  | male, | | | | | | | | born | | |  | | | | | | | | | | | | | | | | | | | | | at | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |  |  | | | | | | | | was | | |  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
| 6) |  | | | | | | | | | | | | | , |  | male, | | | | | | | | born | | |  | | | | | | | | | | | | | | | | | | | | | at | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Signed | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Subscribed and sworn to before me this | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | day of | | | | | |  | | | | | | | | | | | | | | | | | | 19 |  |
| at | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Notary Public in and for the State of | | | | | | | | | | | | | | | | |  | | | | | | |
| (SEAL) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Address: | | | | | | |  | | | | | | | | | | | | | | | | |
| VR-154C | | | | | FORM FURNISHED BY THE DEPARTMENT OF VITAL RECORDS, ILLINOIS DEPARTMENT OF PUBLIC HEALTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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