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

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

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| 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)