**Section 500.APPENDIX E Adoption Records**

**Section 500.ILLUSTRATION G Adopted Person Registration Identification Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | , state the following: | | | | | | | |
| (present name) (first) | | | | | | | | | | | | | | (middle) | | | | | | (last) | | | | | | | | | | | | | |  | | |
| Adoptive name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | (first) | | | | | | | | | | | | | | (middle) | | | | | | | | | (last) | | | | | | | | | | |
| Adopted person's  birth name (if known) | | | | | | |  | | | | | | | | | | | | | | | | | | | | Race | | | | | | | |  | |
|  | | | | | | (first) | | | | | | | | | | (middle) | | | | | (last) | | | | | | |  | | | | | | | | |
| Date of birth | |  | | | | | | | | | Sex | |  | | | | | Hospital (if known) | | | | | | |  | | | | | | | | | | | |
| City and state of birth | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of adoptive father | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Race | | | |  |
| (if applicable) | | | (first) | | | | | | | | | | | (middle) | | | | | | | | (last) | | | | | | | | |  | | | | | |
| Name of adoptive mother | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Race | | | |  |
| (if applicable) | | | (first) | | | | | | | | | (middle) | | | | | | | (maiden) | | | | | (last) | | | | | | |  | | | | | |
| I was adopted through | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (name of agency) | | | | | | | | | | | | | (city and state of agency) | | | | | | | | | | | | | |
| I was adopted privately | | | | | | | | |  | | | | | | (state "yes" if known | | | | | | | | | | | | | | | | | | | | | |
| I was adopted in | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |
|  | | | | (city and state) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | (approximate date) | | | |
| Other identifying information | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of  birth mother | |  | | | | | | | | | | | | | | | | | | | | Race | |  | | |
| (if known) | | (first) | | | | | (middle) | | | | | | (maiden) | | | | | (last) | | | |  | | | | |
| Name of  birth father | |  | | | | | | | | | | | | | | | | | | | | Race | |  | | |
| (if known) | | (first) | | | | | | (middle) | | | | | | | | (last) | | | | | |  | | | | |
| Provide name(s) at birth and ages of sibling(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 parents(s) | | | | |  | | | | | | | | | | | | | | | | | | Race | |  | |
|  | | | | (first) | | | | | | | (middle) | | | | | | (last) | | | | | |  | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | Race | |  | |
|  | | | | (first) | | | | | | | (middle) | | | | | | (last) | | | | | |  | | | |
| *(Please note that (i) you must be at least 21 to register and (ii) if you were not born in Illinois, you must submit a certified copy of your birth certificate.)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | (signature of adopted person) | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  |  | | | | | | | | | | | |
| (date) | | | | | | | | | | | | | |  | (printed or typed name of adopted person) | | | | | | | | | | | |

Illinois Department of Public Health, Division of Vital Records, 605 W. Jefferson St., Springfield, IL 62702-5097.

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