**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'sbirth 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 |  |
|  |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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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