**Section 500.APPENDIX E Adoption Records**

**Section 500.ILLUSTRATION K Surrendered Person Registration Identification Form**



**Illinois Department of Public Health**

**SURRENDERED PERSON REGISTRATION IDENTIFICATION**

(*Enter all known information.*)

|  |  |  |
| --- | --- | --- |
| I,  |  | state the following: |
|  (present name) | (first) | (middle) | (last) |
| Surrendered person's |
| birth name (if known) |  |  |
| (first) | (middle) | (last) |
| Date of birth |  | Sex |  | Race |  |  |
| City and state of birth |  |  |
| Name ofbirth mother |  | Race |  |  |
|  (if known) | (first) | (middle) | (maiden) | (last) |
| Name ofbirth father |  | Race |  |  |
|  (if known) | (first) | (middle) | (last) |
| I was surrendered for adoption to |  |  |
|  | (name of agency) |
| City and state of agency |  | Date |  |  |
|  | (approximate) |
| Other identifying information  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name ofguardian father  |  | Race |  |  |
|  (if applicable | (first) | (middle) | (last) |
| Maiden name ofguardian mother  |  | Race |  |  |
|  (if applicable) | (first) | (middle) | (maiden) | (last) |

|  |
| --- |
| Provide name(s) at birth and ages of siblings(s) having a common birth parent with surrendered 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 commonbirth parent(s) |  | Race |  |  |
|  | (first) | (middle) | (maiden) | (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, then you must submit a certified copy of your birth certificate.)*

|  |  |
| --- | --- |
|  |  |
|  | (signature of surrendered person) |
|  |  |  |
| (date) |  | (printed or typed name of surrendered person) |

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

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