**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 of  birth mother | | |  | | | | | | | | | | | | | | | | | | | | | | | | Race | | | | | |  |  |
| (if known) | | | | | (first) | | | | | | (middle) | | | | | | | (maiden) | | | (last) | | | | | | | | | | | | | |
| Name of  birth 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 of  guardian father |  | | | | | | Race |  |  |
| (if applicable | (first) | | (middle) | | (last) | | | | |
| Maiden name of  guardian 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 common  birth 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

VR 161.3 (rev. 05/2000) Printed by Authority of the State of Illinois P.O. # 30M 02/00

(Source: Amended at 24 Ill. Reg. 11882, effective July 26, 2000)