**Section 500.APPENDIX E Adoption Records**

**Section 500.ILLUSTRATION L Non-Surrendered Birth Sibling Registration Identification Form**

**Illinois Department of Public Health**



**NON-SURRENDERED BIRTH SIBLING**

**REGISTRATION IDENTIFICATION**

*(Enter all known information.)*

|  |
| --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, state the following: |
| (present name) | (first) | (middle) | (last) |
| Sibling's (my)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) |  |

|  |
| --- |
| Provide name(s) at birth and ages of siblings(s) having a common birth parent with non-surrendered birth sibling (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) |  |
| My sibling wassurrendered for adoption to |  |  |
|  | (name of agency) |  |
| City and state of agency |  | Date |  |  |
|  |  | (approximate) |
| Other identifying information |  |  |
|  |  |  |
|  |  |  |
| *(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 and (iii) you must submit with the registration a certified copy of the common birth parent(s) death certificate(s) which parent(s) did not file a denial of information exchange.)* |

|  |  |
| --- | --- |
|  |  |
|  | (signature of non-surrendered birth sibling) |
|  |  |  |
| (date) |  | (printed or typed name of non-surrendered birth sibling) |
| Illinois Department of Public Health, Division of Vital Records, 605 W. Jefferson St., Springfield IL 62702-5097 |
| VR 161.6 (rev. 05/2000) | Printed by Authority of the State of Illinois P.O. # 30M 02/00 |

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