**Section 500.APPENDIX E Adoption Records**

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

**Illinois Department of Public Health**

Blk PC Seal

**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 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 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 was  surrendered 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 |

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