**Section 500.APPENDIX E Adoption Records**

**Section 500.ILLUSTRATION N Legal Guardian Registration Identification Form**



**Illinois Department of Public Health**

**LEGAL GUARDIAN REGISTRATION IDENTIFICATION**

(*Enter all known information.*)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I, | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | , state that I am the court appointed | | | | | | | | | |
|  | | (first) | | | | | | | | | | | | | | (middle) | | | | | | | | | | (last) | | | | | | | | |  | | | | | | | | |
| legal guardian of an | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (check one) | | | | |  | | | | | | | | | | adopted or | | | |  | | | | | | | | | surrendered person under the age of 21. | | | | | | | | | | | | | | | |
| or | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  |
| (check one) | | | | | |  | | | | | | | | | adopted or | | | |  | | | | | | | | | surrendered person over the age of 21 who | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | requires my continuing guardianship. | | | | | | | | | | | | | | | |
| *(Please note that you must submit a certified court order of the guardianship.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adopted or surrendered  person's birth name (if known) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | (first) | | | | | | | | | | | | | | | | | | (middle) | | | | | | | | | (last) | | | | |  |
| Adopted or surrendered  person's adoptive name (if applicable) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | (first) | | | | | | | | | | | | | | | | | | (middle) | | | | | | | | | (last) | | | | |  |
| Adopted or surrendered person's  current name (if different than above) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | (first) | | | | | | | | | | | | | | | | | | (middle) | | | | | | | | | (last) | | | | |  |
| Date of birth | | | |  | | | | | | | | | | | | | | | | Hour of birth | | | | | | | | | |  | | a.m./p.m. | | | | | | | | Sex | |  |  |
| City and state of birth | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Hospital of birth | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | |
| Name of  birth mother | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | (first) | | | | | | | | | | | | | | | (middle) | | | | | | | | | | (maiden if known) | | | | | | | | | (last) | | | | | | |
| Name of  birth father | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| (if known) | | | (first) | | | | | | | | | | | | | | | | | | | | | | (middle) | | | | | | | | | | | | (last) | | | | | | |
| Name of  adoptive mother | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | (first) | | | | | | | | | | | | | | | (middle) | | | | | | | | | | (maiden) | | | | | | | | | (last) | | | | | | |
| Name of  adoptive father | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | (first) | | | | | | | | | | | | | | | | | (middle) | | | | | | | | | | | | (last) | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |
| Provide name(s) at birth and ages of siblings(s) having a common birth parent with this adopted or surrendered person. If more than one sibling or common birth parent, please give information requested below on reverse side of this form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| (first) | | | | | | | | | | | | (middle) | | | | | | | | | | (last) | | | | | | | | | | | (date of birth or approximate age) | | | | | | | | | |  |
| City and state of birth | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Race | | | | |  | |  |
| Name(s) of common  birth parent(s) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Race | | | | |  | |  |
| (first) | | | | | | | | | | | | | | | | | (middle) | | | | | | | | | | (last) | | | | | | | | |  | | | | | | | |
| *(Please note that your registration expires when the adopted person attains the age of 21, unless guardianship extends beyond this time. A competent adult adopted person must file his or her own registration.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | (signature of legal guardian) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |
| (date) | | | | | | | | | | | | | | | | | | | | |  | | | (printed or typed name of legal guardian) | | | | | | | | | | | | | | | | | | | |
| Illinois Department of Public Health, Division of Vital Records, 605 W. Jefferson St., Springfield, IL 62702-5097 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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