**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 surrenderedperson's birth name (if known) |  |  |
|  | (first) | (middle) | (last) |  |
| Adopted or surrenderedperson'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 ofbirth mother |  |  |
|  | (first) | (middle) | (maiden if known) | (last) |
| Name ofbirth father |  |  |
| (if known) | (first) | (middle) | (last) |
| Name ofadoptive mother |  |  |
|  | (first) | (middle) | (maiden) | (last) |
| Name ofadoptive 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 commonbirth 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 |
| VR 161.5 (rev. 05/2000) |  | Printed by Authority of the State of Illinois P.O. # 30M 02/00 |

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