**Section 500.APPENDIX I Subregistrar's Appointment Blank**

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| **SUBREGISTRAR'S APPOINTMENT BLANK** |
| I, |  | , Local Registrar of Registration District |
| No.  |  | County, Illinois, hereby request the State Registrar |
| of Vital Records to approve my appointment of the individual listed below as Subregistrar of Subregis- |
| tration District No. |  | , effective  |  | ,19 |  | . |
| Miss |
| Mrs. |
| Mr. |  |  |  |
| *(Name of Subregistrar)* |  | *(Local Title, if any, i.e., City Clerk)* |
| Subregistration Office Address  |  |
|  | , Illinois |  |
| *(Zip Code)* |
| Telephone Numbers: Office |  | Residence |  | Area Code |  |
| The area in which I authorize this Subregistrar to serve is:  |
| **[ ]**  | Anywhere within my Local Registration District. |
| **[ ]**  | Restricted to these areas: |  |
|  |
| Signed: |  | , Local Registrar |
| Address: |  |
| Dated: |  | , 19 |  |  |  | , Illinois |  |
|  | *(Zip Code)* |
| APPROVED this |  | day of  |  | , 19 |  |
|  | , M.D. |
| *Director, Illinois Department of Public Health; and* *State Registrar of Vital Records, Springfield, Illinois* |
| *NOTE:* | *Local Registrar should fill in and submit this form in triplicate to the Office of Vital Records, Illinois Department of Public Health, Springfield, Illinois, 62761. If the appointment is approved, the Department will retain one copy and return two to the Local Registrar, one for his files and one for the Subregistrar. An engraved certificate will also be sent the Local Registrar to present to the Subregistrar.* |
| VR 303 (2/75) |

(Source: Added at 15 Ill. Reg. 11706, effective August 1, 1991)