**Section 500.APPENDIX A Birth Records**

**Section 500.ILLUSTRATION C Record of a Foreign Birth**

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| **STATE OF ILLINOIS**  **RECORD OF A FOREIGN BIRTH** | **(ORIGINAL)**  **STATE FILE NO.**  **Z –** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. PLACE OF BIRTH: | | | | | | (CITY) | | | | | | | (COUNTRY) | | | |
| 2. NAME OF CHILD: | | | | | | | | | | | | | | | | |
| 3. DATE OF BIRTH: | | | (MONTH) | | | | (DAY) | | | | (YEAR) | | | 4. SEX | | |
| 5. FATHER'S FULL NAME: | | | | | | | | | | | | | | | | |
| 6. FATHER'S  BIRTH DATE: | (MONTH) | | | (DAY) | | | | (YEAR) | 7. FATHER'S  BIRTHPLACE: | | | (CITY OR COUNTY) | | | | (STATE OR COUNTRY) |
| 8. MOTHER'S MAIDEN NAME: | | | | | | | | | | | | | | | | |
| 9. MOTHER'S  BIRTH DATE: | | (MONTH) | | (DAY) | | | | (YEAR) | 10. MOTHER'S  BIRTHPLACE: | | | (CITY OR COUNTY) | | | | (STATE OR COUNTRY) |
|  | | | | | | | | | | | | | | | | |
| OFFICE OF VITAL RECORDS – ILLINOIS DEPARTMENT OF PUBLIC HEALTH – SPRINGFIELD 62761 | | | | | | | | | | | | | | | | |
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| ***I HEREBY CERTIFY*** *that this record is the original certificate of birth as established under the provisions of the Illinois Vital Records Act.* | | | | | | | | | | | | | | | | |
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| Date Filed | | | | | | | | | | | | | | | State Registrar | |
| Springfield, Illinois | | | | | By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Deputy State Registrar | |
| KIND OF DOCUMENT AND DATE MADE | | | | | | | | | | BIRTH FACTS ESTABLISHED | | | | | | |
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VR-162Z (8/71r)

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