**Section 500.APPENDIX E Adoption Records**

**Section 500.ILLUSTRATION E Birth Parent Registration Identification Form**

**Illinois Department of Public Health**

**BIRTH PARENT REGISTRATION IDENTIFICATION**

*(Enter all known information.)*



|  |
| --- |
|  |
| I,  |  | , state that I am |
|  | (present name) | (first) | (middle) | (last) |  |
| the |  | of the following child: |
|  | (birth mother or birth father) |  |
| Child's original name  |  |
|  | (first) | (middle) | (last) |
| Hour of birth |  | a.m./p.m. | Date of birth: |  |
| (circle one) |
| City and state of birth |  | Sex |  |
| Name of hospital  |  |
|  |

|  |
| --- |
|  |
| Birth father's full name  |  |
|  | (first) | (middle) | (last) |
| Date of birth  |  | Race |  |
| City and state of birth  |  |
|  |

|  |
| --- |
| Name of birth mother as |
| shown on original birth certificate  |  |
|  | (first) | (middle) | (last) |
| Date of birth  |  | Race |  |
| City and state of birth  |  |
| My birth child was surrendered to  |  |
|  | (name of agency) |
|  |
| (city and state of agency) |
| Approximate date child was surrendered  |  |
| My birth child was placed for adoption on  |  |
|  | (date) |
| City and state  |  |
| Names of adoptive parents (if known) |  |
| Other identifying information  |  |
|  |
|  |
|  |

|  |
| --- |
| Provide name(s) at birth and ages of siblings(s) having a common birth parent with surrendered person (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 |  |  |
|  |

|  |
| --- |
|  |
| (signature of birth parent) |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (date) |  | (printed or typed name of birth parent) |

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