**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) |

Illinois Department of Public Health, Division of Vital Records, 605 W. Jefferson St., Springfield, IL 62702-5097

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