



Illinois Department of Public Health

ADOPTED PERSON REGISTRATION IDENTIFICATION

(Enter all known information.)

I, _____, state the following:
(present name) (first) (middle) (last)

Adoptive name _____
(first) (middle) (last)

Adopted person's birth name (if known) _____ Race _____
(first) (middle) (last)

Date of birth _____ Sex _____ Hospital (if known) _____

City and state of birth _____

Name of adoptive father _____ Race _____
(if applicable) (first) (middle) (last)

Name of adoptive mother _____ Race _____
(if applicable) (first) (middle) (maiden) (last)

I was adopted through _____
(name of agency) (city and state of agency)

I was adopted privately _____ (state "yes" if known)

I was adopted in _____ (city and state) _____ (approximate date)

Other identifying information _____

Name of birth mother _____ Race _____
(if known) (first) (middle) (maiden) (last)

Name of birth father _____ Race _____
(if known) (first) (middle) (last)

Provide name(s) at birth and ages of siblings(s) having a common birth parent with adopted 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 _____

Name(s) of common birth parent(s) _____ Race _____
(first) (middle) (last)

_____ Race _____
(first) (middle) (last)

(Please note that (i) you must be at least 21 to register and (ii) if you were not born in Illinois, then you must submit a certified copy of your birth certificate.)

(signature of adopted person)

(date)

(printed or typed name of adopted person)