



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)

(printed or typed name of birth parent)

(date)