



# 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)