



Illinois Department of Public Health
ADOPTIVE PARENT REGISTRATION IDENTIFICATION

(Enter all known information.)

I, \_\_\_\_\_, state the following:
I am the adoptive parent of \_\_\_\_\_ Race \_\_\_\_\_
Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Hospital (if known) \_\_\_\_\_
City and state of birth \_\_\_\_\_
Name of adoptive father \_\_\_\_\_
Name of adoptive mother \_\_\_\_\_
Our/my adopted son/daughter was adopted \_\_\_\_\_ through \_\_\_\_\_
Adopted privately \_\_\_\_\_ (state "yes" if applicable)

Adopted person's birth name (if known) \_\_\_\_\_ Race \_\_\_\_\_
Name of birth mother \_\_\_\_\_ Race \_\_\_\_\_
Name of birth father \_\_\_\_\_ Race \_\_\_\_\_
Other identifying information \_\_\_\_\_

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.
Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_
City and state of birth \_\_\_\_\_
Name(s) of common birth parent(s) \_\_\_\_\_ Race \_\_\_\_\_

(Please note that your registration expires when the adopted person attains the age of 21, unless guardianship extends beyond this time and you have submitted a certified court order of guardianship. A competent adult adopted person must file his or her own registration.)

\_\_\_\_\_  
(signature of adoptive parent)
\_\_\_\_\_  
(date)