Illinois Department of Public Health
LEGAL GUARDIAN REGISTRATION IDENTIFICATION
(Enter all known information.)

I, ___________________________________________, state that I am the court appointed
(first) (middle) (last)
legal guardian of an
(check one) _____ adopted or _____ surrendered person under the age of 21.
or
(check one) _____ adopted or _____ surrendered person over the age of 21 who
requires my continuing guardianship.
(Please note that you must submit a certified court order of the guardianship.)

Adopted or surrendered
person's birth name (if known) ___________________________________________________
(first) (middle) (last)
Adopted or surrendered
person's adoptive name (if applicable) ______________________________________________
(first) (middle) (last)
Adopted or surrendered person’s
current name (if different than above) _________________________________________________
(first) (middle) (last)
Date of birth __________________ Hour of birth _______a.m./p.m. Sex ____________
City and state of birth ______________________________________________________________
Hospital of birth __________________________________________________________________

Name of
birth mother ________________________________________________________________
(first) (middle) (maiden if known) (last)
Name of
birth father ________________________________________________________________
(if known) (first) (middle) (last)
Name of
adoptive mother ____________________________________________________________
(first) (middle) (maiden) (last)
Name of
adoptive father _____________________________________________________________
(first) (middle) (last)

Provide name(s) at birth and ages of siblings(s) having a common birth parent with this
adopted or surrendered person. If more than one sibling or common birth parent, please
give information requested below on reverse side of this form.

__________________________  ________________  __________________________
(first) (middle) (last) (date of birth or approximate age)
City and state of birth __________________________ ____________________ Race __________
Name(s) of common
birth parent(s) ____________________________________________________________
(first) (middle) (last) Race __________

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

__________________________
(signature of legal guardian)

__________________________
(date) (printed or typed name of legal guardian)

Illinois Department of Public Health, Division of Vital Records, 925 East Ridgely Ave., Springfield, IL 62702-2737