Illinois Department of Public Health
Division of Vital Records

SURVIVING RELATIVES OF DECEASED BIRTH PARENT
REGISTRATION IDENTIFICATION
(Enter all known information)

I ______________________________, state the following:

Name of deceased birth parent at time of surrender ________________________________________

Deceased birth parent’s date of birth ____________________________________________________

Deceased birth parent’s date of death __________________________________________________ 

Adopted or surrendered person’s name at birth (if known) first ______________________________
middle __________________ last ___________________________ birth date __________________

city and state of birth ___________________________________ sex _____ race ________________

My relationship to the adopted or surrendered person is (check one)

❑ birth parent’s non-surrendered child  ❑ birth parent’s sister  ❑ birth parent's brother

If you are a non-surrendered child of the birth parent, provide name(s) at birth and age(s) of any non-surrendered siblings having a common parent with the birth parent. If more than one sibling, please give information requested below on reverse side of this form.

If you are a sibling of the birth parent, provide name(s) at birth and age(s) of sibling(s) of the birth parent. If more than one sibling, please give information requested below on reverse side of this form for each sibling.

Name ____________________________________________________________________________

(First, Middle, Last)

Birth date _______________ City and state of birth ______________________________________

Sex _______________ Race ____________________________________________________________

Name of common parent(s)

Mother ____________________________________________________________________________

(First, Middle, Last)

Father ____________________________________________________________________________

(First, Middle, Last)

My birth ❑ sibling ❑ child of my brother ❑ child of my sister was surrendered for adoption to

_______________________________________ in ______________________________________

(Name of agency) (City/state of agency)

Other identifying information that may help to locate files

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Please note that you must: (i) be at least 21 years of age to register; (ii) submit with your registration a certified copy of the birth parent’s birth certificate; (iii) submit a certified copy of the birth parent’s death certificate; and (iv) if you are a non-surrendered birth sibling or a sibling of the deceased birth parent, submit a certified copy of your birth certificate with this registration. No application from a surviving relative of a deceased birth parent can be accepted if the birth parent filed a Denial of Information Exchange prior to his or her death.

Date _______________________________ Signature ____________________________________

Printed Name ________________________________

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