



**Illinois Department of Public Health**  
**ADOPTIVE PARENT REGISTRATION IDENTIFICATION**

*(Enter all known information.)*

I, \_\_\_\_\_, state the following:  
 (first) (middle) (last)

I am the adoptive parent of \_\_\_\_\_ Race \_\_\_\_\_  
 (adoptive name) (first) (middle) (last)

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Hospital (if known) \_\_\_\_\_

City and state of birth \_\_\_\_\_

Name of adoptive father \_\_\_\_\_  
 (first) (middle) (last)

Name of adoptive mother \_\_\_\_\_  
 (first) (middle) (maiden) (last)

Our/my adopted son/daughter was adopted \_\_\_\_\_ through  
 (approximate date)

\_\_\_\_\_  
 (name of agency) (city and state of agency)

Adopted privately \_\_\_\_\_ (state "yes" if applicable)

Adopted person's birth name (if known) \_\_\_\_\_ Race \_\_\_\_\_  
 (first) (middle) (last)

Name of birth mother \_\_\_\_\_ Race \_\_\_\_\_  
 (if known) (first) (middle) (maiden) (last)

Name of birth father \_\_\_\_\_ Race \_\_\_\_\_  
 (if known) (first) (middle) (last)

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.

\_\_\_\_\_  
 (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)

\_\_\_\_\_  
 (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 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)

\_\_\_\_\_  
 (printed or typed name of adoptive parent)