Illinois Department of Public Health

LEGAL GUARDIAN REGISTRATION IDENTIFICATION

(Enter all known information.)

I, ___________________________________________, state that I am the court appointed
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) ____________________________________________  Race __________
(first)  (middle)  (last)

(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)  (printed or typed name of legal guardian)

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