



Illinois Department of Public Health

SURRENDERED PERSON REGISTRATION IDENTIFICATION

(Enter all known information.)

I, _____, state the following:
(present name) (first) (middle) (last)

Surrendered person's
 birth name (if known) _____
(first) (middle) (last)

Date of birth _____ Sex _____ Race _____

City and state of birth _____

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

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

I was surrendered for adoption to _____
(name of agency)

City and state of agency _____ Date _____
(approximate)

Other identifying information _____

Name of
 guardian father _____ Race _____
(if applicable) (first) (middle) (last)

Maiden name of
 guardian mother _____ Race _____
(if applicable) (first) (middle) (maiden) (last)

Provide name(s) at birth and ages of siblings(s) having a common birth parent with surrendered 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) (maiden) (last)

(first) (middle) (last)

(Please note that (i) you must be at least 21 to register and (ii) if you were not born in Illinois, then you must submit a certified copy of your birth certificate.)

(signature of surrendered person)

(date)

(printed or typed name of surrendered person)