



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) _____ 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)

(date)

(printed or typed name of legal guardian)