



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Division Of Vital Records

605 W. Jefferson St.

Springfield, IL 62702-5097

CERTIFICATE OF ADOPTION

CHILD'S INFORMATION AT BIRTH

Name _____ Date of birth _____ State file number _____

Place of birth _____ Hospital, city state and country _____

Mother's full name _____ Father's full name _____

Male Female If foreign born, has Illinois previously created a birth record for this child? Yes No

Has any U.S. state previously created a birth record for this child? Yes No If yes, what state? _____

CHILD'S NAME AFTER ADOPTION

First name(s) _____ Middle name(s) _____ Last name(s) _____

PARENT'S INFORMATION AFTER ADOPTION

Co-parent Natural father Adoptive father Single father

Full maiden name _____

Date of birth _____

Place of birth _____

Social Security number _____

Signature of this parent _____

By signing this form, you are verifying that all information listed is true and correct.

Co-parent Natural mother Adoptive mother Single mother

Full maiden name _____

Date of birth _____

Place of birth _____

Social Security number _____

Signature of this parent _____

By signing this form, you are verifying that all information listed is true and correct.

ADDRESSES

Adoptive parent(s)' address at the time of this child's birth. Street _____

City _____ State _____ ZIP Code _____ County _____

Attorney's address and telephone number _____

Adoptive parent(s) current mailing address and telephone number _____

Do you want a new birth certificate created? Yes No If yes, send the new birth certificate to Attorney Parents

CERTIFICATION

State of Illinois, County of _____ Case Number _____ Decree Date _____

I hereby certify that a decree of adoption was entered by the Circuit Court of this county on the above listed date which adjudged that the above mentioned child is deemed to be for legal intents and purposes the child of the adoptive parents identified above.

Date _____

COURT SEAL

Signed _____