RESET FORM HIGHLIGHT FIELDS PRINT FORM

State of Illinois
Illinois Department of Public Health

Division of Vital Records
925 E. Ridgely Ave.
Springfield, IL 62702-2737

CERTIFICATE OF ADOPTION

CHILD'S INFORMATION AT BIRTH

Name _____ Date of birth _____ State file number _____

Place of birth
Hospital, city state and country _____

Mother/Co-Parent's name prior to first marriage/civil union _____

Father/Co-Parent's name prior to first marriage/civil union _____

☐ 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

Married? ☐ Yes ☐ No In a Civil Union? ☐ Yes ☐ No

Full name prior to first marriage/civil union _____

Date of birth _____

Place of birth _____

Social Security number _____

Current legal name _____

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

Married? ☐ Yes ☐ No In a Civil Union? ☐ Yes ☐ No

Full name prior to first marriage/civil union _____

Date of birth _____

Place of birth _____

Social Security number _____

Current legal name _____

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 current mailing 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 Jackson 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 _____

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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CERTIFICATE OF ADOPTION

The certificate of adoption must be completed in its entirety. Failing to complete any portion of this form could result in the document being returned to you without the adoption information being placed on the birth record. The fee for completing the birth record of an Illinois born child is $15. This includes one certified copy of the new birth certificate. Additional copies ordered at the same time are $2 each. Make check or money order payable to Illinois Department of Public Health or IDPH.

If you are submitting a certificate of adoption regarding a foreign born child, you must submit one additional document as proof of the child's place and date of birth. Records of foreign birth are $5 each.

If the adopted child was born in a state other than Illinois, this certificate of adoption will be forwarded to the state of birth.

Please type or print all information clearly. If you have additional questions, call the Division of Vital Records at 217-782-6553. Office hours are 10 a.m. to 3 p.m., Monday through Friday.

Child's information at birth

Indicate the child's full name at birth; month, day and year of birth; hospital, city, state and country (if other than the United States) of birth. If the state file number of the birth record is known, indicate so. Provide the full names of the biological mother/co-parent and father/co-parent. Indicate the sex of the child. If you are submitting an adoption regarding a foreign born child, has the state issued a birth record for this child in connection with a prior adoption in Illinois? If you are submitting an adoption regarding a foreign born child, has any state in the United States previously established a birth record for this child? If so, in what state.

Child's name after adoption

Indicate in the appropriate space the child's first, middle and last name(s). Do not use white out or line through any part of the new name. If alterations are made, a certified copy of the adoption decree will be required.

Parent's information after adoption

Indicate if each parent is a co-parent, natural father, natural mother, adoptive father or adoptive mother, or if this is a single parent adoption. Indicate if each parent is married or in a civil union. Give each parent's first, middle and last name prior to first marriage or civil union. Provide each month, day and year of birth; and the state or country (if other than the United States) of birth for each. Each parent's Social Security number is required; if either parent does not have a Social Security number, please so indicate. Each parent must sign verifying his/her respective information.

Addresses

The address of the adoptive parent(s) at the time of the child's birth is required. Provide the complete address including any apartment number, city, state, ZIP code and county. If the biological mother/co-parent is also a parent after adoption, then her address from the original birth record will be placed on the new birth record. The attorney's complete address and telephone number are required. The current address and telephone number of the adoptive parent(s) are also required. Indicate if a new birth record is to be created and to whom it is to be sent.

Certification

This must be completed by the circuit clerk's office in the county where the adoption was completed. The circuit clerk must include his/her seal.

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