



State of Illinois
 Department of Human Services
**Verification of Birth, Marriage,
 Divorce or Death**

Date: _____

9ad91c4c-aadf-4421-ba5b-0692451d7fbd

Case Number: _____

TO: _____

Case Name: _____

Applicant Recipient

From: (Office) _____

Address: _____

City-State-Zip _____

Office Phone: _____

Signature of Requestor: _____

Title _____

INSTRUCTION FOR COMPLETION OF THE FORM:

TO THE CASEWORKER/REQUESTOR: Complete all applicable sections of the form with all information available for the case needing verification.

TO THE VERIFIER: The Department of Human Services is required to verify certain information regarding applicants and recipients of public assistance. Please complete those items in each section for which you have verification. Those items which are incorrect or misspelled are to be lined through and the correct information entered. Section V requires your signature.

I. REQUEST FOR BIRTH VERIFICATION:

Name of Hospital:				
LAST NAME AT BIRTH	FIRST	MIDDLE	BIRTHDATE	BIRTHPLACE (City, County, State)
MOTHER'S LAST NAME	FIRST	MIDDLE	MOTHER'S MAIDEN NAME	
FATHER'S LAST NAME	FIRST	MIDDLE	REGISTRATION NUMBER	

Name of Hospital:				
LAST NAME AT BIRTH	FIRST	MIDDLE	BIRTHDATE	BIRTHPLACE (City, County, State)
MOTHER'S LAST NAME	FIRST	MIDDLE	MOTHER'S MAIDEN NAME	
FATHER'S LAST NAME	FIRST	MIDDLE	REGISTRATION NUMBER	

Name of Hospital:				
LAST NAME AT BIRTH	FIRST	MIDDLE	BIRTHDATE	BIRTHPLACE (City, County, State)
MOTHER'S LAST NAME	FIRST	MIDDLE	MOTHER'S MAIDEN NAME	
FATHER'S LAST NAME	FIRST	MIDDLE	REGISTRATION NUMBER	

Completion of this form or compliance with instructions is voluntary; however, failure to do so may affect this Department's action.



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II. REQUEST FOR MARRIAGE VERIFICATION:

1. FIRST NAME MI MAIDEN NAME	2. FIRST NAME MI LAST NAME
BIRTHPLACE (City, County, State)	BIRTHPLACE (City, County, State)
AGE AT MARRIAGE	AGE AT MARRIAGE
MOTHER'S NAME	MOTHER'S NAME
FATHER'S NAME	FATHER'S NAME

PLACE OF MARRIAGE (City, County, State)

DATE

LICENSE NUMBER

III. REQUEST FOR DIVORCE VERIFICATION:

1. FIRST NAME MIDDLE LAST	2. FIRST NAME MIDDLE LAST
PLACE OF DIVORCE (City, County, State)	DATE of DIVORCE
NUMBER OF DIVORCE DECREE	
COMMENTS:	

IV. REQUEST FOR DEATH VERIFICATION:

FIRST NAME MIDDLE LAST NAME	DEATH REGISTRATION NUMBER
PLACE OF DEATH (City, County, State)	DATE OF DEATH
COMMENTS:	

V. SIGNATURE OF PERSON PROVIDING VERIFICATION

 Name

 Title