



STATE OF ILLINOIS
CIVIL UNION APPLICATION AND RECORD

STATE FILE NUMBER

TYPE / PRINT
IN
PERMANENT
BLACK INK

COUNTY	LICENSE NUMBER
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PARTNER A

1a. PARTNER A - NAME FIRST MIDDLE LAST			1b. LAST NAME ON BIRTH CERTIFICATE		
2a. RESIDENCE — STREET AND NUMBER OR R.F.D.		2b. CITY, TOWN, TWP., OR ROAD DIST. NO.	2c. COUNTY		2d. STATE
3a. DATE OF BIRTH (MONTH, DAY, YEAR)	3b. AGE	3c. SEX	3d. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	4. SOCIAL SECURITY NUMBER	5. USUAL OCCUPATION
6a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)			6b. ADDRESS		6c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
7a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)			7b. ADDRESS		7c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

PARTNER B

8a. PARTNER B - NAME FIRST MIDDLE LAST			8b. LAST NAME ON BIRTH CERTIFICATE		
9a. RESIDENCE — STREET AND NUMBER OR R.F.D.		9b. CITY, TOWN, TWP., OR ROAD DIST. NO.	9c. COUNTY		9d. STATE
10a. DATE OF BIRTH (MONTH, DAY, YEAR)	10b. AGE	10c. SEX	10d. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11. SOCIAL SECURITY NUMBER	12. USUAL OCCUPATION
13a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)			13b. ADDRESS		13c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
14a. PARENT'S NAME (FIRST, MIDDLE, LAST / MAIDEN, IF APPLICABLE)			14b. ADDRESS		14c. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
15. IF PARTIES ARE RELATED TO EACH OTHER — SPECIFY RELATIONSHIP				16. THIS LICENSE EFFECTIVE ON —	

AFFIDAVIT

WE HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF OUR KNOWLEDGE, THAT WE ARE FREE TO ENTER INTO A CIVIL UNION UNDER THE LAWS OF THIS STATE AND THE LAWS OF THE JURISDICTION WHERE WE RESIDE.

17. PARTNER A (SIGN FULL NAME)	18. PARTNER B (SIGN FULL NAME)
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CIVIL UNION RECORD

19. SUBSCRIBED AND SWORN TO BEFORE ME ON:	20. SIGNATURE OF COUNTY CLERK	BY
		DEPUTY
21. DATE OF CIVIL UNION (MONTH, DAY, YEAR)	22. PLACE OF CIVIL UNION (CITY, VILL. OR TOWN, IF RURAL, GIVE TWP. NAME OR ROAD DIST.)	23. TYPE OF CEREMONY (RELIGIOUS OR CIVIL)
24. NAME OF OFFICIANT	25. TITLE	
26. DATE RECORDED (MONTH, DAY, YEAR)	27. SIGNATURE OF COUNTY CLERK	BY
		DEPUTY

VR-601 (2/11) ILLINOIS DEPARTMENT OF PUBLIC HEALTH — DIVISION OF VITAL RECORDS

INFORMATION FOR STATISTICAL PURPOSES ONLY

RACE <small>SPECIFY (E.G. WHITE, BLACK, AMERICAN INDIAN, ETC.)</small>	EDUCATION <small>(SPECIFY HIGHEST GRADE COMPLETED)</small>		NUMBER OF THIS CIVIL UNION <small>FIRST—SECOND ETC. (SPECIFY)</small>	IF PREVIOUSLY ENTERED INTO A CIVIL UNION/MARRIAGE — LAST CIVIL UNION/MARRIAGE ENDED BY DEATH, DISSOLUTION OR INVALIDITY OF CIVIL UNION/MARRIAGE		
	<small>ELEMENTARY OR SECONDARY (0-12)</small>	<small>COLLEGE (1-4 OR 5+)</small>		<small>SPECIFY HOW</small>	<small>SPECIFY WHEN (MONTH, DAY, YEAR)</small>	<small>SPECIFY WHERE (COUNTY & STATE)</small>
28.	29.		30a.	30b.	30c.	30d.
31.	32.		33a.	33b.	33c.	33d.

PARTNER A

PARTNER B

34. OF HISPANIC ORIGIN? <small>(SPECIFY NO OR YES — IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)</small>	PARTNER A	34a. <input type="checkbox"/> NO <input type="checkbox"/> YES	PARTNER B	34b. <input type="checkbox"/> NO <input type="checkbox"/> YES
		SPECIFY:		SPECIFY:

