



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

PARTNER A

PARTNER B

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