



STATE OF ILLINOIS  
CIVIL UNION APPLICATION AND RECORD

STATE FILE NUMBER

TYPE / PRINT  
IN  
PERMANENT  
BLACK INK

COUNTY <b>Jefferson</b>		LICENSE NUMBER <b>(County Fills out)</b>	
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)	
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)	
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			

**CIVIL UNION RECORD**

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) ELEMENTARY OR SECONDARY (0-12) COLLEGE (1-4 OR 5+)	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			
			SPECIFY HOW	SPECIFY WHEN (MONTH, DAY, YEAR)	SPECIFY WHERE (COUNTY & STATE)	
28.	29.	30a.	30b.	30c.	30d.	
31.	32.	33a.	33b.	33c.	33d.	
34. OF HISPANIC ORIGIN? (SPECIFY NO OR YES — IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)		34a. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		34b. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		

PARTNER A

PARTNER B

**PARTNER A**

**PARTNER B**