

**ILLINOIS DOCUMENTATION FOR UNUSUAL BIRD SIGHTINGS**

**Submitted to Illinois Ornithological Records Committee (IORC)**

**IORC RECORD  
NUMBER:**

This form submitted as supporting documentation of (check all that apply):

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\_\_\_ Unusual species; \_\_\_ Unusual date; \_\_\_ Unusual number; \_\_\_ Unusual plumage;  
\_\_\_ Unusual breeding record; \_\_\_ Christmas Bird Count record; \_\_\_ Spring Bird Count  
record; \_\_\_ Breeding Census record; \_\_\_ Other: \_\_\_\_\_

1. SPECIES: \_\_\_\_\_
2. Number of birds: \_\_\_\_\_ Age/sex/plumage: \_\_\_\_\_
3. Date(s): \_\_\_\_\_
4. Location (include county): \_\_\_\_\_
5. Observers: \_\_\_\_\_
- 5b. Documentor: Your name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Others agreeing with identification: \_\_\_\_\_  
Observers NOT agreeing with identification: \_\_\_\_\_
6. Description of bird (size, shape, proportions, details of both color and patterns on head, back, chin, throat, breast, flanks, undertail, wings, and tail, etc.; coloration of soft parts: bill, eye, legs and feet) include only details actually seen in the field:

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Species: \_\_\_\_\_ Date seen: \_\_\_\_\_ Documentor: \_\_\_\_\_

7. Description of behavior:

8. Description of vocalizations:

9. Description of immediate and surrounding habitat(s):

10. Viewing conditions:

Optical equipment used for observation (type, power): \_\_\_\_\_

Distance/ how measured? \_\_\_\_\_ Time(s) of observation: \_\_\_\_\_

Total time of observation: \_\_\_\_\_.

Weather (including regional or national weather patterns if relevant)/ sky conditions/ relative position of the sun :

11. Previous experience with this species and similar species:

12. Please eliminate other similar species and/or hybrids (use additional paper, if necessary):

13. Where photos obtained? \_\_\_\_\_ If so, by whom? \_\_\_\_\_ Attached? \_\_\_\_\_

14. Books & illustrations consulted, and advice received. How did these influence this description?

15. How long after the observation were field notes recorded? \_\_\_\_\_

16. How long after observation was this form completed? \_\_\_\_\_

17. Additional remarks:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

LISLE-ARBORETUM CBC RECORD:

Return this form to Geoffrey A. Williamson, 4046 N. Clark St. Unit K, Chicago, IL 60613. Email:

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