

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Illinois Adoption Registry and Medical Information Exchange Application

This registration is _____ a **NEW** registration _____ an **UPDATE** to a previous registration (please note any updates must be accompanied by ID)

I am registering/registered as (check whichever applies) ___ an adult adopted or surrendered person; ___ a birth parent; ___ an adoptive parent of a minor adopted child; ___ a legal guardian of an adopted or surrendered person; ___ a non-surrendered birth sibling as stated on the registration identification form included.

Section A. REGISTRANT INFORMATION

Name: _____ **Today's Date:** _____
(first) (middle) (maiden if applicable) (last)

Mailing address: _____
(street) (city) (state) (zip code)

Sex: _____ **Soc. Sec. #:** _____-_____-_____
(optional) **Phone:** (____) _____

Section B: SIGN WHEN OPTIONAL PHOTOGRAPH(S) ARE BEING FILED

The enclosed photograph(s) is to be released to the person(s) specified on my Information Exchange Authorization form. The photograph(s) do not include identifying information pertaining to any person other than myself, and do not include anyone else.

(NOTE: Photograph(s) are to be no larger than 8 1/2 x 11)

Applicant Signature/Date

Section C: SIGN WHEN AN OPTIONAL WRITTEN STATEMENT IS BEING FILED

An optional written statement (on the prescribed form) is enclosed and is to be released to the person(s) specified on my Information Exchange Authorization form. This statement does not include any identifying information pertaining to any person other than myself and does not include any specific names, dates or places.

Applicant Signature/Date

Section D: SIGN WHEN REQUESTING NON-IDENTIFYING INFORMATION BE RELEASED

I, the undersigned, request that any non-identifying information, as identified in 750 ILCS 50/18.4(a)(c), be released to me. I understand that non-identifying information can only be provided to an adopted person, adoptive parent or legal guardian who is a registrant of the Illinois Adoption Registry.

Adopted/Surrendered Name: _____

Date of Birth: _____

Applicant Signature/Date

Section E: SIGN WHEN REQUESTING ACTUAL DATE AND PLACE OF BIRTH BE RELEASED TO BIRTH PARENT

I, the undersigned, request that I be provided with the actual date and place of birth of the child I placed for adoption per 750 ILCS 50/18.4(d).

Applicant Signature/Date

CHECKLIST OF ITEMS BEING SUBMITTED

- ___ Registration Identification form (**Required**)
- ___ Adoption Registry Application form (**Required**)
- ___ Photocopy of photo identification (**Required**)
- ___ Notarized Information Exchange Authorization form
- ___ Notarized Denial of Information Exchange form
- ___ Medical Questionnaire forms
- ___ Optional Photograph(s) if section B is signed
- ___ Optional Written Statement form(s) if section C is signed

If you are an adopted/surrendered person or non-surrendered birth sibling and NOT born in Illinois (Required)

___ A certified copy of your birth record

If you are a non-surrendered birth sibling (Required)

___ A certified copy of the common birth parent(s) death certificate

If you are a legal guardian of an adopted/surrendered person (Required)

___ A certified copy of the court ordered guardianship

___ \$40.00 registration fee – **Required if you do not complete the medical questionnaire and authorize its release on the Information Exchange Authorization form.** If you are paying the registration fee, it may be paid by personal check or money order made payable to the Illinois Department of Public Health.