



Illinois Department of Public Health

STATE OF ILLINOIS ADOPTION REGISTRY

DENIAL OF INFORMATION EXCHANGE

I, _____, state that I am the person who completed the Registration Identification; that I am _____ years of age; that I hereby instruct the Department of Public Health **not** to give any information about me to the following person(s) (check as applicable)

- birth mother
 birth father
 birth sibling
 adopted/surrendered person
 adoptive mother
 adoptive father
 legal guardian of an adopted or surrendered person
 birth aunt
 birth uncle
 adult child of a deceased adopted or surrendered person
 surviving spouse of a deceased adopted or surrendered person
 all eligible relatives; that I do not wish to be contacted.

(Insert your own name, complete mailing address and telephone number or this same information for another person you wish us to contact. This information is for administrative purposes only and will be used to provide written confirmation that this denial has been filed.)

NAME	TELEPHONE NUMBER ()	
STREET ADDRESS		
CITY	STATE	ZIP CODE

Dated _____, _____
(insert date)

APPLICANT'S SIGNATURE

STATE OF _____

COUNTY OF _____

If adoption agency representative, please state title. _____	
Name of agency _____	
City _____	
State _____	ZIP code _____

I, a Notary Public, in and for the said county, in the state aforesaid, do hereby certify that _____ personally known to me to be the same person whose name is subscribed to the foregoing Denial of Information Exchange, appeared before me in person and acknowledged that he/she signed such authorization as his/her free and voluntary act and that the statements in such authorization are true.

(insert date)

Given under my hand and notarial seal on _____, _____

SIGNATURE OF NOTARY