



Illinois Department of Public Health

ILLINOIS ADOPTION REGISTRY

AND MEDICAL INFORMATION EXCHANGE APPLICATION

This application is a new registration an update to a prior registration (please note any updates must be accompanied by ID).

I am registering/registered as (check one) an adult adopted or surrendered person; a birth parent; adoptive parent or legal guardian of an adopted or surrendered person; surviving relative of a deceased birth parent; surviving relative of a deceased adopted or surrendered person as stated on the registration identification.

Section A. REGISTRANT INFORMATION

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

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

Sex: _____ SSN _____ - _____ - _____ Phone: (_____) _____
(male or female) (OPTIONAL)

Section B. COMPLETE WHEN OPTIONAL PHOTOGRAPH(S) ARE BEING FILED

The enclosed photograph(s) is (are) to be released to the person(s) specified on my Information Exchange Authorization form. The photograph(s) does (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 fi" x 11")

Applicant Signature/Date

Section C. COMPLETE WHEN 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 detailed 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

See other side for a list of required documentation.

