

**GENERAL INSTRUCTIONS FOR COMPLETING  
ILLINOIS ADOPTION REGISTRY-MEDICAL INFORMATION EXCHANGE (IARMIE) FORMS**

Type or print (in ink) all known information asked for on the forms. If you do not know the information, please leave that item blank.

**All registrations must contain the following basic forms/items:**

1. Your specific Registration Identification form (Adopted Person, Birth Parent, etc.)
2. Illinois Adoption Registry Application form
3. Your registration **MUST INCLUDE** a photocopy of a government issued photo ID. Acceptable IDs are: **driver's license with photo, government issued photo ID cards or passport.**

**You must choose upon completion of your basic registration forms one of these options: Select the one that best defines what you wish to accomplish with your registration and submit the required items/forms.**

**A. If you wish to exchange medical information, with or without exchanging identifying information, you must include the following forms in addition to your basic registration forms:**

4. A properly completed Information Exchange Authorization form \*\*See note
5. A completed medical information questionnaire form

**B. If you wish to exchange identifying information but NOT medical information you must include these forms/items in addition to your basic registration forms:**

4. A properly completed Information Exchange Authorization form \*\*See note
5. The required registration fee of \$40 - made payable to the Illinois Department of Public Health. NOTE: this fee is waived for persons agreeing to exchange the medical information questionnaire, which contains NO identifying information.

**C. If you wish to deny contact of any kind, you must include these forms/items in addition to your basic registration forms:**

4. A properly completed Denial of Information Exchange form \*\*See note
5. The required registration fee of \$40 - made payable to the Illinois Department of Public Health. NOTE: this fee is waived for persons agreeing to exchange at least the medical information questionnaire, which contains NO identifying information.

"NOTE: The applicant's signature must be **notarized** on the "Information Exchange Authorization" or the "Denial of Information Exchange" forms. If the form does not contain your signature and that of the notary, as well as the notary's seal, you will be sent another form to properly complete before being placed in the IARMIE.

**In addition to the completed registration, you may submit the following optional items:**

**Optional written statements and optional photographs** - Sign Section B and C on the Illinois Application form to authorize the release of the documents. These will be released to the person(s) you wish to exchange information with as indicated on your Information Exchange Authorization. Photographs are to be of the registrant alone and are to be no larger than 8 1/2" X 11". Statements may not contain any specific names, dates or places.

**Effective January 1, 2004:**

**Adopted Persons, Adoptive Parents and Legal Guardians of Adopted Persons** have the option to request non-identifying information that is contained within the certifiable portion of the original birth record being released to them. You will need to sign and date Section D of the Illinois Adoption Registry Application form to receive this information.

**Birth Parents** have the option to request confirmation of the date and place of birth of the child from the original birth record. You will need to sign and date Section E of the Illinois Adoption Registry Application form to receive this information.

**If you have questions or would like help or guidance** in completing the forms, please feel free to contact the Illinois Adoption Registry. If you live in Illinois you may call the registry toll free at 877 - 323 - 5299. If you live outside of Illinois, the telephone number to call is 217 - 557 - 5159. The Illinois Adoption Registry does have voice mail and those who leave a name, telephone number and the best time reach them will receive a return call.

**Mail the completed registration, which is the basic registration forms and the forms from option A, B or C (whichever you chose) to:** Illinois Adoption Registry and Medical Information Exchange, Illinois Department of Public Health, Division of Vital Records, 605 W. Jefferson St., Springfield, IL 62702-5097

**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. #- \_\_\_\_\_ - \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(optional)

**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**

- |  |   |
|--|---|
| <input type="checkbox"/> Registration Identification form ( <b>Required</b> )  | <b><u>If you are an adopted/surrendered person or non-surrendered birth sibling and NOT born in Illinois (Required)</u></b> |
| <input type="checkbox"/> Adoption Registry Application form ( <b>Required</b> )  | <input type="checkbox"/> A certified copy of your birth record  |
| <input type="checkbox"/> Photocopy of photo identification ( <b>Required</b> )   | <b><u>If you are a non-surrendered birth sibling (Required)</u></b>   |
| <input type="checkbox"/> Notarized Information Exchange Authorization form   | <input type="checkbox"/> A certified copy of the common birth parent(s) death certificate                                   |
| <input type="checkbox"/> Notarized Denial of Information Exchange form   | <b><u>If you are a legal guardian of an adopted/surrendered person (Required)</u></b>                                       |
| <input type="checkbox"/> Medical Questionnaire forms   | <input type="checkbox"/> A certified copy of the court ordered guardianship   |
| <input type="checkbox"/> Optional Photograph(s) if section B is signed   |   |
| <input type="checkbox"/> Optional Written Statement form(s) if section C is signed   |   |
| <input type="checkbox"/> \$40.00 registration fee <b><u>-Required if you do not complete the medical questionnaire and authorize its release on the Information Exchange Authorization form.</u></b> 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. |   |



Illinois Department of Public Health  
**ILLINOIS ADOPTION REGISTRY APPLICATION**  
**Section C - Optional written statement**

This optional written statement is authorized for release as specified in Section C of the Adoption Registry Application. This statement is limited to the space (two pages) provided on this form and cannot include information that would identify any person other than the registrant submitting the statement. This written statement will be reviewed by registry staff to verify compliance with the law. Registry staff must remove prohibited identifying information or return the statement to the registrant for compliance. Please type, write clearly or print in dark blue or black ink. A lined and unlined page are provided for your convenience. Both pages may be used.

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Illinois Department of Public Health  
**ILLINOIS ADOPTION REGISTRY APPLICATION**  
Section C - Optional written statement

This optional written statement is authorized for release as specified in Section C of the Adoption Registry Application. This statement is limited to the space (two pages) provided on this form and cannot include information that would identify any person other than the registrant submitting the statement. This written statement will be reviewed by registry staff to verify compliance with the law. Registry staff must remove prohibited identifying information or return the statement to the registrant for compliance. Please type, write clearly or print in dark blue or black ink. A lined and unlined page are provided for your convenience. Both pages may be used.

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# Illinois Department of Public Health

## SURRENDERED PERSON REGISTRATION IDENTIFICATION

*(Enter all known information.)*

I, \_\_\_\_\_, state the following:  
(present name) (first) (middle) (last)

Surrendered person's  
 birth name (if known) \_\_\_\_\_  
(first) (middle) (last)

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

City and state of birth \_\_\_\_\_

Name of  
 birth mother \_\_\_\_\_ Race \_\_\_\_\_  
(if known) (first) (middle) (maiden) (last)

Name of  
 birth father \_\_\_\_\_ Race \_\_\_\_\_  
(if known) (first) (middle) (last)

I was surrendered for adoption to \_\_\_\_\_  
(name of agency)

City and state of agency \_\_\_\_\_ Date \_\_\_\_\_  
(approximate)

Other identifying information \_\_\_\_\_

\_\_\_\_\_

Name of  
 guardian father \_\_\_\_\_ Race \_\_\_\_\_  
(if applicable) (first) (middle) (last)

Maiden name of  
 guardian mother \_\_\_\_\_ Race \_\_\_\_\_  
(if applicable) (first) (middle) (maiden) (last)

Provide name(s) at birth and ages of siblings(s) having a common birth parent with surrendered person (if known). If more than one sibling, please give information requested below on reverse side of this form.

\_\_\_\_\_

(first) (middle) (last)

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
(or approximate age)

City and state of birth \_\_\_\_\_

Name(s) of common  
 birth parent(s) \_\_\_\_\_ Race \_\_\_\_\_  
(first) (middle) (maiden) (last)

\_\_\_\_\_ Race \_\_\_\_\_  
(first) (middle) (last)

*(Please note that (i) you must be at least 21 to register and (ii) if you were not born in Illinois, then you must submit a certified copy of your birth certificate.)*

\_\_\_\_\_  
(signature of surrendered person)

\_\_\_\_\_

(date) (printed or typed name of surrendered person)



# Illinois Department of Public Health

## STATE OF ILLINOIS ADOPTION REGISTRY

### INFORMATION EXCHANGE AUTHORIZATION

I, \_\_\_\_\_, state that I am the person who completed the Registration Identification; that I am \_\_\_\_\_ years of age; that I hereby authorize the Department of Public Health to give the following person(s) (birth mother) (birth father) (birth sibling) (adopted/surrendered person) (adoptive mother) (adoptive father) (legal guardian(s)) the following information:

(please check the information authorized for exchange)

- 1. Only my name and last known address (as given below).
- 2. A copy of my Illinois Adoption Registry application.
- 3. A copy of the original birth certificate of the adopted person.
- 4. A copy of the completed medical questionnaire.

I am fully aware that I can only be supplied with any information about the individual(s) who has duly executed an Information Exchange Authorization for the information which authorization has not been revoked. I can be contacted by writing to:

(insert your own name, complete mailing address and telephone number  
or this same information for another person to contact)

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 Information Exchange Authorization, appeared before me in person and acknowledged that he/she signed such authorization at his/her free and voluntary act and that the statements in such authorization are true.

Given under my hand and notarial seal on \_\_\_\_\_, \_\_\_\_\_  
(insert date)

\_\_\_\_\_  
SIGNATURE OF NOTARY



**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) (circle as applicable) (birth mother) (birth father) (birth sibling) (adopted/surrendered person) (adoptive mother) (adoptive father) (legal guardian(s)).

(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.

Given under my hand and notarial seal on \_\_\_\_\_, \_\_\_\_\_  
 (insert date)

\_\_\_\_\_  
 SIGNATURE OF NOTARY



# Illinois Department of Public Health

## ILLINOIS ADOPTION REGISTRY - MEDICAL QUESTIONNAIRE

(Enter all known information and add explanation/comments as necessary.)

If answering "yes" to any item, specify item number (for example, A2, 134, etc.) and indicate self or family member.

**A. CONGENITAL IMPAIRMENTS**

**Yes No**

- 1. Club foot or any other orthopedic problem  Yes  No
- 2. Cleft lip or cleft palate  Yes  No
- 3. Chromosome abnormality (explain)  Yes  No
- 4. Down's syndrome  Yes  No
- 5. Muscular dystrophy  Yes  No
- 6. Spina bifida  Yes  No
- 7. Congenital heart defect  Yes  No
- 8. Tay-Sachs disease  Yes  No
- 9. Fetal alcohol syndrome  Yes  No
- 10. Trisomy 21  Yes  No
- 11. Ambiguous genitalia  Yes  No
- 12. Hydrocephalus  Yes  No
- 13. Macrocephalus  Yes  No
- 14. Amencephalus  Yes  No
- 15. Microcephalus  Yes  No
- 16. Other (explain)  Yes  No

**B. ALLERGIES**

- 1. Eczema or other skin condition  Yes  No
- 2. Hay fever or other allergy  Yes  No
- 3. Drug allergy (to what drugs?)  Yes  No
- 4. Other (explain)  Yes  No

**C. EYE AND EAR DISORDERS**

- 1. Blindness, glaucoma, color blindness or other visual problems  Yes  No
- 2. Deafness or other ear problems  Yes  No
- 3. Other (explain)  Yes  No

**D. BLOOD AND CIRCULATORY DISORDERS**

- 1. Hemophilia  Yes  No
- 2. Sickle cell anemia or trait  Yes  No
- 3. Anemia  Yes  No
- 4. Hypertension (high blood pressure)  Yes  No
- 5. Stroke  Yes  No
- 6. Heart attack  Yes  No
- 7. Arthritis  Yes  No
- 8. Kidney disease  Yes  No
- 9. Other (explain)  Yes  No

**E. RESPIRATORY DISORDERS**

- 1. Asthma  Yes  No
- 2. Tuberculosis  Yes  No
- 3. Emphysema  Yes  No
- 4. Cystic fibrosis  Yes  No
- 5. Bronchial pulmonary disposia  Yes  No
- 6. Other (explain)  Yes  No






The Chicago Police Department is required by law to provide you with a list of agencies for counseling. The following is a list of agencies that provide counseling and supportive services for pregnant, parenting, and relinquishing parents. The Chicago Police Department does not endorse any particular agency and encourages you to use your discretion in choosing an agency to best meet your individual needs.

**Aid for Women**

(312) 621-1100  
8 S. Michigan Avenue  
Chicago, IL 60603

**Care First**

(312) 263-1576  
104 S. Michigan  
Chicago, IL 60603

(773) 241-6012  
2011 E. 75 th St.  
Chicago, IL 60649

(708) 383-4999  
715 W. Lake Street  
Oak Park, IL 60301

(773) 836-8959  
6215 W. Belmont  
Chicago, IL 60634

(773) 276-2555  
2531 W. Division  
Chicago, IL 60622

**Children's Home and Aid Society of Illinois**

(312) 424-0200  
125 S. Wacker Drive  
Chicago, IL 60606

**The Cradle**

(847) 475-5800  
2049 Ridge  
Evanston, IL 60201