State of Illinois
Illinois Department of Public Health

Illinois Adoption Registry and Medical Information Exchange (IARMIE)
ADOPTIVE PARENT REGISTRATION IDENTIFICATION

(Enter all known information.)

I, _____, state the following:
(first) (middle) (last)

I am the adoptive parent of _____ Race _____
(adoptive name) (first) (middle) (last)

Date of birth _____ Sex _____ Hospital (if known) _____

City and state of birth _____

Name of adoptive father _____
(first) (middle) (last)

Name of adoptive mother _____
(first) (middle) (maiden) (last)

Our/my adopted son/daughter was adopted _____ through
(approximate date)

_____ _____
(name of agency) (city and state of agency)

Adopted privately _____(state "yes" if applicable)

Adopted person's birth name (if known) _____ Race _____
(first) (middle) (last)

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

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

Other identifying information _____

_____

Provide name(s) at birth and ages of siblings(s) having a common birth parent with adopted 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) (last)

_____ Race _____
(first) (middle) (last)

(Please note that your registration expires when the adopted person attains the age of 21, unless guardianship extends beyond this time and you have submitted a certified court order of guardianship. A competent adult adopted person must file his or her own registration.)

_____
(signature of adoptive parent)

_____ _____
(date) (printed or typed name of adoptive parent)