State of Illinois
Illinois Department of Public Health

Illinois Adoption Registry and Medical Information Exchange (IARMIE) 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" 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.

Illinois Department of Public Health, Division of Vital Records - IARMIE, 110 West Lawrence Avenue, Springfield, Illinois 62704-2610.

REQUIRED DOCUMENTATION

Adopted/Surrendered Person or Adoptive Parent or Legal Guardian of an adopted/surrendered person

- ❑ Appropriate Registration Identification form
- ❑ Adoption Registry Application form
- ❑ Photocopy of photo identification
- ❑ Information Exchange Authorization form ***OR*** ❑ Denial of Information Exchange Authorization form
  With *one* of the following:
  a. Completed Medical Questionnaire form
  b. $15.00 registration fee made payable to IDPH
  With $15.00 registration fee made payable to IDPH
- ❑ If born *outside of ILLINOIS*, certified copy of birth certificate
- ❑ If a legal guardian, certified copy of court ordered guardianship

Birth Mother/Father

- ❑ Birth Parent Preference Packet forms
- ❑ Adoption Registry Application form
- ❑ Photocopy of photo identification

  With *one* of the following:
  a. Completed Medical Questionnaire form or
  b. $15.00 registration fee made payable to IDPH

Surviving Relative of a Deceased Birth Parent
(birth parent's non-surrendered child, sister or brother, parent)

- ❑ Appropriate Registration Identification form
- ❑ Adoption Registry Application form
- ❑ Photocopy of photo identification
- ❑ Information Exchange Authorization form ***OR*** ❑ Denial of Information Exchange Authorization form
  With *one* of the following:
  a. Completed Medical Questionnaire form
  b. $15.00 registration fee made payable to IDPH
  With $15.00 registration fee made payable to IDPH
- ❑ Certified copy of birth and death certificate of birth parent
- ❑ Certified copy of your birth certificate

Surviving Relative of a Deceased Adopted/Surrendered Person
(adult child, grandchild or spouse with a minor child)

- ❑ Appropriate Registration Identification form
- ❑ Adoption Registry Application form
- ❑ Photocopy of photo identification
- ❑ Information Exchange Authorization form ***OR*** ❑ Denial of Information Exchange Authorization form
  With *one* of the following:
  a. Completed Medical Questionnaire form
  b. $15.00 registration fee made payable to IDPH
  With $15.00 registration fee made payable to IDPH
- ❑ Certified copy of death certificate of adopted/surrendered person
- ❑ Certified copy of the adopted/surrendered person's child's birth certificate and grandchild's birth certificate (if registrant)
- ❑ If spouse with minor child, certified copy of marriage certificate

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