Releasing Original Illinois Birth Certificates

Illinois law (750 ILCS 50/18.04) provides for the release of original birth certificates to adopted and to surrendered persons 21 years of age or older upon request. This law also recognizes there may be unique situations where a birth parent may have a compelling reason for not wanting to establish contact with a birth son or daughter or for not releasing identifying information that appears on the original birth certificate of a birth son or daughter who has reached adulthood.

The Illinois Adoption Registry and Medical Information Exchange (IARMIE) provides the **attached form** to allow birth parents to express their wishes regarding contact and, if their birth child was born on or after January 1, 1946, the sharing of identifying information listed on the original birth certificate with an adult adopted or surrendered person who has reached the age of 21 or with his or her surviving relatives.

The decision to deny an adult adopted or surrendered person access to identifying information on his or her original birth record and/or information about genetically-transmitted diseases is an important decision that could impact the adopted or surrendered person's life.

The choice to remain anonymous by using this form pertains only to identifying information provided to an adopted or surrendered adult person or his or her surviving relatives through the IARMIE program. This will not prevent the disclosure of identifying information that may be available to the adoptee through his or her adoptive parents and/or other means available to him or her.

Birth parents who prefer not to be contacted by their adopted or surrendered son or daughter are encouraged to complete both the Non-identifying Information Section included on the final page of this document and the IARMIE Medical Questionnaire in order to provide their adopted or surrendered son or daughter with background information.

Birth parents whose adopted or surrendered son or daughter is younger than 21 years of age at the time of the completion of this form are reminded that no original birth certificate will be released by IARMIE before an adoptee has reached the age of 21.

Should you need additional assistance in completing this form, contact the agency that handled the adoption, if applicable, or call IARMIE toll free at 877-323-5299.

Mail all required documents to:

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

State of Illinois
Illinois Department of Public Health

Illinois Adoption Registry and Medical Information Exchange (IARMIE)

BIRTH PARENT PREFERENCE FORM

After careful consideration, I, _____, have made a decision regarding contact with my ☐ birth son ☐ birth daughter as indicated below by an X in the box regarding the release of my identifying information as it appears on his/her original birth certificate when he/she reaches the age of 21.

My birth son's/daughter's name at birth was _____,
he/she was born in (city, state, hospital)_____
_____ on_____.

I realize this form must be accompanied by a $15 registration fee, or no fee is required if the form is accompanied by a completed Illinois Adoption Registry and Medical Information Exchange (IARMIE) application form and a completed Medical Information Exchange Questionnaire form. I also am aware I may revoke this decision at any time by completing a new Birth Parent Preference form and filing it with IARMIE. I understand that it is my responsibility to update IARMIE with any changes to the contact information provided. I also understand that any selection I have made regarding my preferred method of contact is not binding, but preferences regarding the release of identifying information through IARMIE are binding.

Signature_____ Date _____

Please choose only ONE of the following options. Your signature is required under the option you choose.

☐ **Option A.** I agree to the release of my identifying information as it appears on my birth son's/daughter's original birth certificate, I would welcome direct contact with my birth son/daughter when he or she has reached the age of 21. In addition, before my birth son/daughter has reached the age of 21 or in the event of his or her death, I would welcome contact with the following relatives of my birth child (check all that apply: ☐ adoptive mother, ☐ adoptive father, ☐ surviving spouse or ☐ surviving adult child. I wish to be contacted at the following mailing address, e-mail address or telephone number.

_____

_____

_____

Signature _____ Date _____

☐ **Option B.** I agree to the release of my identifying information as it appears on my birth son's/daughter's original birth certificate and I would welcome contact with my birth son/daughter when he or she has reached the age of 21. In addition, before my birth son/daughter has reached the age of 21 or in the event of his or her death, I would welcome contact with the following relatives of my birth child (check all that apply) ☐ adoptive mother, ☐ adoptive father, ☐ surviving spouse or ☐ surviving adult child. I would prefer to be contacted through the following person(s) whose name and mailing address, e-mail address or telephone number is listed below.

Signature _____ Date _____

☐ **Option C.** I agree to the release of my name as it appears on my birth son's/daughter's original birth certificate and I would welcome contact with my birth son/daughter when he or she has reached the age of 21, In addition, before my birth son/daughter has reached the age of 21 or in the event of his or her death, I would welcome contact with the following relatives of my birth child (check all that apply): ☐ adoptive mother, ☐ adoptive father, ☐ surviving spouse or ☐ surviving adult child. I would prefer to be contacted through the Illinois confidential intermediary program (call 800-526-9022 for additional information) or through the agency that handled the adoption. The adoption agency's name, address and phone number are listed below.

Signature _____ Date _____

☐ **Option D.** I agree to the release of my name as it appears on my birth son's/daughter's original birth certificate, but I do not wish to be contacted by my birth son/daughter when he or she has reached the age of 21 or by his or her adoptive parents or surviving relatives.

Signature _____ Date _____

NOTE: Birth parents of an adopted or surrendered person born before January 1, 1946, are not permitted by the Illinois statute (750 ILCS 50/18.1b(d)(3) to select Option E.

☐ **Option E.** I wish to prohibit the release of my (check ALL applicable items): ☐ first name, ☐ last name, ☐ last known address, and/or ☐ birth son's/daughter's last name (if last name is same as mine), as they appear on my birth son's/daughter's original birth certificate, and I do not wish to be contacted by my birth son/daughter when he or she has reached the age of 21. (If there were any special circumstances that played a role in your decision to remain anonymous that you would like to share with your birth son/daughter, provide them in the space below.)

Although I have chosen to prohibit the release of my identity as it appears on the copy of the original birth certificate released to my birth son/daughter, I understand he or she may request a court-appointed confidential intermediary contact me to request updated medical information and/or to confirm my desire to remain anonymous once five years have elapsed since the signing of this form. At the time of this subsequent search, I understand I will be contacted directly unless I wish to be contacted through the phone number and the person named below. I also understand that this request for anonymity shall expire upon my death.

Signature _____ Date _____

NOTE: A copy of this form will be forwarded to your birth son or daughter should he or she file a request for his or her original birth certificate with IARMIE. However, if your child was born on or after January 1, 1946, and you have selected Option E, identifying information, per your specifications above, will be deleted during your lifetime from the copy of this form and from the non-certified copy of the original birth certificate forwarded to your birth son or daughter. These same guidelines apply if your birth son or daughter is deceased and their surviving adult child or spouse with a minor child requests a non-certified copy of the original birth certificate.

State of _____

County of _____

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 request, appeared before me in person and acknowledged that (he or she) signed such request as (his or her) free and voluntary act and that the statements in such request are true.

Given under my hand and notarial seal on _____, 20_____

_____

Non-identifying Information Section (optional)

I wish to voluntarily provide the following non-identifying information to my birth son or daughter. In addition, before my birth son/daughter has reached the age of 21 or in the event of his or her death, I would welcome contact with the following relatives of my birth child (check all that apply): ☐ adoptive mother, ☐ adoptive father, ☐ surviving spouse or ☐ surviving adult child.

My age at the time of my child's birth was _____.

My race is best described as _____.

My height is _____.

My body type is best described as (check appropriate response): ☐ slim, ☐ average, ☐ muscular, ☐ a few extra pounds, or ☐ more than a few extra pounds.

My natural hair color is/was _____.

My eye color is _____.

My religion is best described as _____.

My ethnic background is best described as _____.

My educational level is closest to (check applicable response): ☐ completed grade school, ☐ graduated from high school, ☐ attended college, ☐ earned bachelor's degree, ☐ earned master's degree, ☐ earned doctoral degree.

My occupation is best described as _____.

My hobbies include _____.

My interests include _____.

My talents include _____.

In addition to my surrendered son or daughter, I also am the biological parent of _____ boys and _____ girls, of whom _____ are still living.

The relationship between me and my child's birth mother/father would best be described as (check appropriate response): ☐ husband and wife, ☐ ex-spouses, ☐ boyfriend and girlfriend, ☐ casual acquaintances, ☐ other (please specify)_____.