State of Illinois
Illinois Department of Public Health

Illinois Adoption Registry and Medical Information Exchange (IARMIE)

LEGAL GUARDIAN REGISTRATION IDENTIFICATION

(Enter all known information.)

I, _____, state that I am the court appointed
(first) (middle) (last)

legal guardian of an

(check one) _____ adopted or _____ surrendered person under the age of 21.
or
(check one) _____ adopted or _____ surrendered person over the age of 21 who requires my continuing guardianship.

(Please note that you must submit a certified court order of the guardianship.)

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

Adopted or surrendered person's adoptive name (if applicable) _____
(first) (middle) (last)

Adopted or surrendered person's current name (if different than above) _____
(first) (middle) (last)

Date of birth _____ Hour of birth _____a.m./p.m. Sex_____

City and state of birth _____

Hospital of birth _____

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

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

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

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

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

_____
(first) (middle) (last) (date of birth or approximate age)

City and state of birth_____ Race _____

Name(s) of common birth parent(s) _____ 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. A competent adult adopted person must file his or her own registration.)

_____
(signature of legal guardian)

_____ _____
(date) (printed or typed name of legal guardian)