State of Illinois
Illinois Department of Public Health

Illinois Adoption Registry and Medical Information Exchange (IARMIE)
SURVIVING RELATIVES OF DECEASED ADOPTED OR SURRENDERED PERSON REGISTRATION IDENTIFICATION

(Enter all known information.)

I _____, state the following:

Adopted or surrendered person's name

_____
(First, Middle, Last)

Birth date _____ City and state of birth _____

Date and place of death _____ Sex _____

Race _____

Adopted or surrendered person's name at birth (if known)

_____
(First, Middle, Last)

My relationship to the deceased adopted or surrendered person is (check one):
❑ adult child or grandchild ❑ surviving spouse with minor child ❑ adoptive parent

My name _____
(First, Middle, Last)

Birth date _____ City and state of birth _____

Sex _____ Race _____

If grandchild, provide your parent(s) names

Mother _____
(First, Middle, Last)

Father _____
(First, Middle, Last)

My ❑ deceased parent or grandparent ❑ deceased spouse was surrendered for adoption to:

_____ in _____
(Name of agency) (City/state of agency)

on or about _____. Other identifying information that may help to locate files

_____

*Note: You **must:** (i) be at least 21 years of age to register; (ii) submit with your registration a certified copy of the adopted or surrendered person's death certificate; (iii) if you are the adult child of a deceased adopted or surrendered person, submit a certified copy of your birth certificate with this registration; and (iv) if you are the adult grandchild of a deceased adopted or surrendered person, submit a certified copy of your parent's birth certificate and a certified copy of your birth certificate (v) if you are the surviving wife or husband of a deceased adopted or surrendered person, submit a copy of your marriage certificate with this registration and a certified copy of the minor child's birth certificate. No application from a surviving relative of a deceased adopted or surrendered person can be accepted if the adopted or surrendered person filed a Denial of Information Exchange prior to his or her death.*

Date _____ Signature _____

Printed Name _____

Printed by the Authority of the State of Illinois