State of Illinois
Illinois Department of Public Health

Illinois Adoption Registry and Medical Information Exchange (IARMIE)
SURRENDERED PERSON REGISTRATION IDENTIFICATION

(Enter all known information.)

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

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

Date of birth _____ Sex _____ Race _____

City and state of birth _____

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

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

I was surrendered for adoption to _____
(name of agency)

City and state of agency _____ Date _____
(approximate)

Other identifying information _____

_____

Name of guardian father _____ Race _____
(if applicable) (first) (middle) (last)

Maiden name of guardian mother _____ Race _____
(if applicable) (first) (middle) (maiden) (last)

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

(first) (middle) (last)

_____

(or approximate age)
Date of birth _____ Sex _____ Race _____

City and state of birth _____

Name(s) of common birth parent(s) (first) (middle) (maiden) (last) _____ Race _____

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

(Please note that (i) you must be at least 21 to register and (ii) if you were not born in Illinois, then you must submit a certified copy of your birth certificate.)

_____
(signature of surrendered person)

_____ _____
(date) (printed or typed name of surrendered person)