



Illinois Department of Public Health

STATE OF ILLINOIS ADOPTION REGISTRY

INFORMATION EXCHANGE AUTHORIZATION

I, _____, state that I am the person who completed the Registration Identification; that I am the age of _____ years; that I hereby authorize the Department of Public Health to give the (circle as applicable) (birth mother) (birth father) (birth sibling) (adopted/surrendered person) (adoptive mother) (adoptive father) (legal guardian(s)) the following:

(please check the information authorized for exchange)

- 1. Only my name and last known address.
- 2. A copy of my Illinois Adoption Registry application as specified in the application.
- 3. A copy of the original birth certificate of the adopted person.
- 4. A copy of the completed medical questionnaire.

I am fully aware that I can only be supplied with any information about each circled person if that person has duly executed an Information Exchange Authorization for the information which authorization has not been revoked; that I can be contacted by writing to

(insert your own name, complete mailing address and telephone number
or this same information for another person to contact)

NAME	TELEPHONE NUMBER ()	
STREET ADDRESS		
CITY	STATE	ZIP CODE

Dated _____, _____
(insert date)

WITNESS

SIGNATURE

STATE OF _____

COUNTY OF _____

If adoption agency representative, please state title	

Name of agency _____	
City _____	
State _____	Zip Code _____

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 Information Exchange Authorization, appeared before me in person and acknowledged that he/she signed such authorization at his/her free and voluntary act and that the statements in such authorization are true.

Given under my hand and notarial seal on _____, _____
(insert date)

SIGNATURE OF NOTARY