



# Illinois Department of Public Health

## ILLINOIS ADOPTION REGISTRY APPLICATION

(Enter all known information.)

I am registering/registered as (check one) \_\_\_\_\_ an adult adopted or surrendered person; \_\_\_\_\_ a birth parent; \_\_\_\_\_ adoptive parent or legal guardian of an adopted or surrendered person; \_\_\_\_\_ a non-surrendered birth sibling as stated on the registration identification.

### Section A. REGISTRANT INFORMATION

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_  
(first) (middle) (maiden if applicable) (last)

Mailing address: \_\_\_\_\_  
(street) (city) (state) (zip code)

Sex: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ **This application is (check)**  
(male or female) (OPTIONAL)  
 \_\_\_\_\_ a new registration  
 \_\_\_\_\_ an update to a prior registration  
 \_\_\_\_\_ to request and/or file medical information

Birth name of adopted or surrendered person: \_\_\_\_\_ Sex: \_\_\_\_\_  
(if known) (first) (middle) (last) (male or female)

Adoptive name of adopted or surrendered person: \_\_\_\_\_  
(if known) (first) (middle) (maiden if applicable) (last)

Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Adoption finalized in: \_\_\_\_\_  
(city) (state) (state) (county)

Name of birth mother: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
(first) (middle) (maiden if applicable) (last) (city) (state)

Name of birth father: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
(first) (middle) (last) (city) (state)

### Section B. COMPLETE WHEN OPTIONAL PHOTOGRAPH(S) ARE BEING FILED

Photograph(s) are included with this registration in an unsealed envelope no larger than 8½ x 11 and may be released to the person(s) specified in my Information Exchange Authorization. These photographs do not include identifying information pertaining to any person other than me.

\_\_\_\_\_ written signature

### Section C. COMPLETE WHEN OPTIONAL WRITTEN STATEMENT IS BEING FILED

A statement is included on the form provided and may be released to the person(s) specified in my Information Exchange Authorization. This statement does not include any identifying information pertaining to any person other than me.

\_\_\_\_\_ written signature

### Section D. CHECKLIST OF ITEMS BEING SUBMITTED

**PART I - Check if this is an update to a prior registration.**  
 A completed Medical Questionnaire that is authorized to be released to the registrants(s) specified (check one) is \_\_\_\_\_ is not \_\_\_\_\_ being filed.

**PART II - Check if this is a new registration.** (check one)  
 \$40 personal check or money order payable to the Illinois Department of Public Health or  
 A completed Medical Questionnaire that is authorized to be released to registrant(s)

**PART III - FOR ALL REGISTRATIONS - Check the applicable forms (items) being included.**

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Questionnaire                        | <input type="checkbox"/> Photocopied proof of identification (always required)   |
| <input type="checkbox"/> Notarized Information Exchange Authorization | <input type="checkbox"/> \$40 fee  |
| <input type="checkbox"/> Notarized Denial of Information Exchange     | <input type="checkbox"/> Certified copy of the death certificate(s) of the common birth parent(s) (non-surrendered birth sibling only)   |
| <input type="checkbox"/> Registration Identification form             | <input type="checkbox"/> Certified copy of the birth certificate of the adopted or surrendered person or non-surrendered birth sibling identified in Section A if he/she was NOT BORN IN THE STATE OF ILLINOIS |
| <input type="checkbox"/> Adoption Registry Application                | <input type="checkbox"/> Certified court order of guardianship if required by registration   |
| <input type="checkbox"/> Optional picture(s)                          |  |
| <input type="checkbox"/> Optional written statement                   |  |

**THIS CHECKLIST IS IMPORTANT**  
 Use of the checklist enables you to verify the items included with this registration, before mailing, and alerts our Registry staff to the total contents of the envelope.