**Section 500.APPENDIX E Adoption Records**

**Section 500.ILLUSTRATION O Adoption Registry Application Form**

Illinois Department of Public Health



**ILLINOIS ADOPTION REGISTRY APPLICATION**

(Enter all known information.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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) | | | | | | | | | | (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 | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | 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 registrant(s) specified (check one) is \_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| is not \_\_\_\_\_\_\_\_ being filed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PART III – FOR ALL REGISTRANTS – Check the applicable forms (items) being included.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Questionnaire | | | | | | | | | | | | | | | | | | | | | | | | | | | | Photocopied proof of identification (always required) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notarized Information Exchange Authorization | | | | | | | | | | | | | | | | | | | | | | | | | | | | $40 fee | | | | | | | | | | | | | | | | | | | | | | | | | |
| Notarized Denial of Information Exchange | | | | | | | | | | | | | | | | | | | | | | | | | | | | Certified copy of the death certificate(s) of the common | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registration Identification form | | | | | | | | | | | | | | | | | | | | | | | | | | | | birth parent(s) (non-surrendered birth sibling only) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adoption Registry Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | Certified copy of the birth certificate of the adopted or | | | | | | | | | | | | | | | | | | | | | | | | | |
| Optional picture(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | surrendered person or non-surrendered birth sibling | | | | | | | | | | | | | | | | | | | | | | | | | |
| Optional written statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | identified in Section A if he/she was NOT BORN IN | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | THE STATE OF ILLINOIS | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***THIS CHECKLIST IS IMPORTANT*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | Certified court order of guardianship if required by registration | | | | | | | | | | | | | | | | | | | | | | | | | |
| *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.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VR161 (rev. 05/2000 | | | | | | | | | Illinois Department of Public Health, Division of Vital Records, 605 W. Jefferson St., Springfield, IL 62702-5097. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Illinois Department of Public Health**  **ILLINOIS ADOPTION REGISTRY APPLICATION** | | | |
| Section C – Optional written statement | | | | | |
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| This optional written statement is authorized for release as specified in Section C of the Adoption Registry Application. This statement is limited to the space (two pages) provided on this form and cannot include information that would identify any person other than the registrant submitting the statement. This written statement will be reviewed by registry staff to verify compliance with the law. Registry staff must remove prohibited identifying information or return the statement to the registrant for compliance. Please type, write clearly or print in dark blue or black ink. A lined and unlined page are provided for your convenience. Both pages may be used. | | | | | |
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| **Illinois Department of Public Health, Division of Vital Records, 605 W. Jefferson St., Springfield, IL 62702-5097** | | | | | |

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|  | | **Illinois Department of Public Health**  **ILLINOIS ADOPTION REGISTRY APPLICATION** | | | |
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**Illinois Department of Public Health, Division of Vital Records, 605 W. Jefferson St., Springfield, IL 62702-5097**

(Source: Amended at 24 Ill. Reg. 11882, effective July 26, 2000)