

1 AN ACT concerning civil law.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Adoption Act is amended by changing Sections  
5 18.06, 18.1, 18.1a, 18.1b, 18.2, 18.3a, and 18.6 as follows:

6 (750 ILCS 50/18.06)

7 Sec. 18.06. Definitions. When used in Sections 18.05  
8 through Section 18.6, for the purposes of the Registry:

9 "Adopted person" means a person who was adopted pursuant to  
10 the laws in effect at the time of the adoption.

11 "Adoptive parent" means a person who has become a parent  
12 through the legal process of adoption.

13 "Adult child" means the biological child 21 years of age or  
14 over of a deceased adopted or surrendered person.

15 "Adult grandchild" means the biological grandchild 21  
16 years of age or over of a deceased adopted or surrendered  
17 person.

18 "Adult adopted or surrendered person" means an adopted or  
19 surrendered person 21 years of age or over.

20 "Agency" means a public child welfare agency or a licensed  
21 child welfare agency.

22 "Birth aunt" means the adult full or half sister of a  
23 deceased birth parent.

1 "Birth father" means the biological father of an adopted or  
2 surrendered person who is named on the original certificate of  
3 live birth or on a consent or surrender document, or a  
4 biological father whose paternity has been established by a  
5 judgment or order of the court, pursuant to the Illinois  
6 Parentage Act of 1984.

7 "Birth grandparent" means the biological parent of: (i) a  
8 non-surrendered person who is a deceased birth mother; or (ii)  
9 a non-surrendered person who is a deceased birth father.

10 "Birth mother" means the biological mother of an adopted or  
11 surrendered person.

12 "Birth parent" means a birth mother or birth father of an  
13 adopted or surrendered person.

14 "Birth Parent Preference Form" means the form prepared by  
15 the Department of Public Health pursuant to Section 18.2  
16 completed by a birth parent registrant and filed with the  
17 Registry that indicates the birth parent's preferences  
18 regarding contact and, if applicable, the release of his or her  
19 identifying information on the non-certified copy of the  
20 original birth certificate released to an adult adopted or  
21 surrendered person or to the surviving adult child or surviving  
22 spouse of a deceased adopted or surrendered person who has  
23 filed a Request for a Non-Certified Copy of an Original Birth  
24 Certificate.

25 "Birth relative" means a birth mother, birth father, birth  
26 grandparent, birth sibling, birth aunt, or birth uncle.

1 "Birth sibling" means the adult full or half sibling of an  
2 adopted or surrendered person.

3 "Birth uncle" means the adult full or half brother of a  
4 deceased birth parent.

5 "Confidential intermediary" means an individual certified  
6 by the Department of Children and Family Services pursuant to  
7 Section 18.3a(e).

8 "Denial of Information Exchange" means an affidavit  
9 completed by a registrant with the Illinois Adoption Registry  
10 and Medical Information Exchange denying the release of  
11 identifying information which has been filed with the Registry.

12 "Information Exchange Authorization" means an affidavit  
13 completed by a registrant with the Illinois Adoption Registry  
14 and Medical Information Exchange authorizing the release of  
15 identifying information which has been filed with the Registry.

16 "Medical Information Exchange Questionnaire" means the  
17 medical history questionnaire completed by a registrant of the  
18 Illinois Adoption Registry and Medical Information Exchange.

19 "Non-certified Copy of the Original Birth Certificate"  
20 means a non-certified copy of the original certificate of live  
21 birth of an adult adopted or surrendered person who was born in  
22 Illinois.

23 "Proof of death" means a death certificate.

24 "Registrant" or "Registered Party" means a birth parent,  
25 birth grandparent, birth sibling, birth aunt, birth uncle,  
26 adopted or surrendered person 21 years of age or over, adoptive

1 parent or legal guardian of an adopted or surrendered person  
2 under the age of 21, or adoptive parent, surviving spouse, or  
3 adult child of a deceased adopted or surrendered person who has  
4 filed an Illinois Adoption Registry Application or  
5 Registration Identification Form with the Registry.

6 "Registry" means the Illinois Adoption Registry and  
7 Medical Information Exchange.

8 "Request for a Non-Certified Copy of an Original Birth  
9 Certificate" means an affidavit completed by an adult adopted  
10 or surrendered person or by the surviving adult child or  
11 surviving spouse of a deceased adopted or surrendered person  
12 and filed with the Registry requesting a non-certified copy of  
13 an adult adopted or surrendered person's original certificate  
14 of live birth in Illinois.

15 "Surrendered person" means a person whose parents' rights  
16 have been surrendered or terminated but who has not been  
17 adopted.

18 "Surviving spouse" means the wife or husband, 21 years of  
19 age or older, of a deceased adopted or surrendered person who  
20 would be 21 years of age or older if still alive and who has one  
21 or more surviving biological children who are under the age of  
22 21.

23 "18.3 statement" means a statement regarding the  
24 disclosure of identifying information signed by a birth parent  
25 under Section 18.3 of this Act as it existed immediately prior  
26 to the effective date of this amendatory Act of the 96th

1 General Assembly.

2 (Source: P.A. 97-110, eff. 7-14-11; 98-704, eff. 1-1-15.)

3 (750 ILCS 50/18.1) (from Ch. 40, par. 1522.1)

4 Sec. 18.1. Disclosure of identifying information.

5 (a) The Department of Public Health shall establish and  
6 maintain a Registry for the purpose of allowing mutually  
7 consenting members of birth and adoptive families to exchange  
8 identifying and medical information. Identifying information  
9 for the purpose of this Act shall mean any one or more of the  
10 following:

11 (1) The name and last known address of the consenting  
12 person or persons.

13 (2) A copy of the Illinois Adoption Registry  
14 Application of the consenting person or persons.

15 (3) A non-certified copy of the original birth  
16 certificate of an adult adopted or surrendered person.

17 (b) Written authorization from all parties identified must  
18 be received prior to disclosure of any identifying information,  
19 with the exception of non-certified copies of original birth  
20 certificates released to adult adopted or surrendered persons  
21 or to surviving adult children and surviving spouses of  
22 deceased adopted or surrendered persons pursuant to the  
23 procedures outlined in Section 18.1b(e).

24 (c) At any time after a child is surrendered for adoption,  
25 or at any time during the adoption proceedings or at any time

1 thereafter, either birth parent or both of them may file with  
2 the Registry a Birth Parent Registration Identification Form.

3 (d) A birth sibling 21 years of age or over who was not  
4 surrendered for adoption and who has submitted a copy of his or  
5 her birth certificate as well as proof of death for a deceased  
6 birth parent and such birth parent did not file a Denial of  
7 Information Exchange or a Birth Parent Preference Form on which  
8 Option E was selected with the Registry prior to his or her  
9 death may file a Registration Identification Form and an  
10 Information Exchange Authorization or a Denial of Information  
11 Exchange.

12 (e) A birth aunt or birth uncle who has submitted birth  
13 certificates for himself or herself and for a deceased birth  
14 parent naming at least one common biological parent as well as  
15 proof of death for the deceased birth parent and such birth  
16 parent did not file a Denial of Information Exchange or a Birth  
17 Parent Preference Form on which Option E was selected with the  
18 Registry prior to his or her death may file a Registration  
19 Identification Form and an Information Exchange Authorization  
20 or a Denial of Information Exchange.

21 (e-5) A birth grandparent who has submitted birth  
22 certificates for himself or herself and for a deceased birth  
23 parent as well as proof of death for the deceased birth parent  
24 and the birth parent did not file a Denial of Information  
25 Exchange or a Birth Parent Preference Form on which Option E  
26 was selected with the Registry prior to his or her death may

1 file a Registration Identification Form and an Information  
2 Exchange Authorization or a Denial of Information Exchange.

3 (f) Any adopted person 21 years of age or over, any  
4 surrendered person 21 years of age or over, or any adoptive  
5 parent or legal guardian of an adopted or surrendered person  
6 under the age of 21 may file with the Registry a Registration  
7 Identification Form and an Information Exchange Authorization  
8 or a Denial of Information Exchange.

9 (g) Any adult child or adult grandchild 21 years of age or  
10 over of a deceased adopted or surrendered person who has  
11 submitted a copy of his or her birth certificate naming an  
12 adopted or surrendered person as his or her biological parent  
13 as well as proof of death for the deceased adopted or  
14 surrendered person and such adopted or surrendered person did  
15 not file a Denial of Information Exchange with the Registry  
16 prior to his or her death may file a Registration  
17 Identification Form and an Information Exchange Authorization  
18 or a Denial of Information Exchange.

19 (h) Any surviving spouse of a deceased adopted or  
20 surrendered person 21 years of age or over who has submitted  
21 proof of death for the deceased adopted or surrendered person  
22 and such adopted or surrendered person did not file a Denial of  
23 Information Exchange with the Registry prior to his or her  
24 death as well as a birth certificate naming themselves and the  
25 adopted or surrendered person as the parents of a minor child  
26 under the age of 21 may file a Registration Identification Form

1 and an Information Exchange Authorization or a Denial of  
2 Information Exchange.

3 (i) Any adoptive parent or legal guardian of a deceased  
4 adopted or surrendered person who is 21 years of age or over  
5 who has submitted proof of death as well as proof of parentage  
6 or guardianship for the deceased adopted or surrendered person  
7 and such adopted or surrendered person did not file a Denial of  
8 Information Exchange with the Registry prior to his or her  
9 death may file a Registration Identification Form and an  
10 Information Exchange Authorization or a Denial of Information  
11 Exchange.

12 (j) The Department of Public Health shall supply to the  
13 adopted or surrendered person or his or her adoptive parents,  
14 legal guardians, adult children, adult grandchildren, or  
15 surviving spouse, and to the birth parents identifying  
16 information only if both the adopted or surrendered person, or  
17 one of his or her adoptive parents, legal guardians, adult  
18 children, adult grandchildren, or his or her surviving spouse,  
19 and the birth parents have filed with the Registry an  
20 Information Exchange Authorization or a Birth Parent  
21 Preference Form on which Option A, B, or C was selected and the  
22 information at the Registry indicates that the consenting  
23 adopted or surrendered person, the child of the consenting  
24 adoptive parents or legal guardians, the parent of the  
25 consenting adult child of the adopted or surrendered person, or  
26 the deceased wife or husband of the consenting surviving spouse



1 is the child of the consenting birth parents, except  
2 identifying information that appears on a non-certified copy of  
3 an original birth certificate may be provided to an adult  
4 adopted or surrendered person or to the surviving adult child,  
5 adult grandchild, or surviving spouse of a deceased adopted or  
6 surrendered person pursuant to the procedures outlined in  
7 Section 18.1b(e) of this Act.

8 The Department of Public Health shall supply to adopted or  
9 surrendered persons who are birth siblings identifying  
10 information only if both siblings have filed with the Registry  
11 an Information Exchange Authorization and the information at  
12 the Registry indicates that the consenting siblings have one or  
13 both birth parents in common. Identifying information shall be  
14 supplied to consenting birth siblings who were adopted or  
15 surrendered if any such sibling is 21 years of age or over.  
16 Identifying information shall be supplied to consenting birth  
17 siblings who were not adopted or surrendered if any such  
18 sibling is 21 years of age or over and has proof of death of the  
19 common birth parent and such birth parent did not file a Denial  
20 of Information Exchange or a Birth Parent Preference Form on  
21 which Option E was selected with the Registry prior to his or  
22 her death.

23 (k) The Department of Public Health shall supply to the  
24 adopted or surrendered person or his or her adoptive parents,  
25 legal guardians, adult children, adult grandchildren, or  
26 surviving spouse, and to a birth aunt identifying information

1 only if both the adopted or surrendered person or one of his or  
2 her adoptive parents, legal guardians, adult children, adult  
3 grandchildren, or his or her surviving spouse, and the birth  
4 aunt have filed with the Registry an Information Exchange  
5 Authorization and the information at the Registry indicates  
6 that the consenting adopted or surrendered person, or the child  
7 of the consenting adoptive parents or legal guardians, or the  
8 parent of the consenting adult child, or the deceased wife or  
9 husband of the consenting surviving spouse of the adopted or  
10 surrendered person is or was the child of the brother or sister  
11 of the consenting birth aunt.

12 (k-5) The Department of Public Health shall supply to the  
13 adopted or surrendered person and to a birth grandparent  
14 identifying information only if both the adopted or surrendered  
15 person and the birth grandparent have filed with the Registry  
16 an Information Exchange Authorization and the information at  
17 the Registry indicates that the consenting adopted or  
18 surrendered person is or was the child of a deceased birth  
19 mother or birth father.

20 (l) The Department of Public Health shall supply to the  
21 adopted or surrendered person or his or her adoptive parents,  
22 legal guardians, adult children, adult grandchildren, or  
23 surviving spouse, and to a birth uncle identifying information  
24 only if both the adopted or surrendered person or one of his or  
25 her adoptive parents, legal guardians, adult children, adult  
26 grandchildren, or his or her surviving spouse, and the birth

1     uncle have filed with the Registry an Information Exchange  
2     Authorization and the information at the Registry indicates  
3     that the consenting adopted or surrendered person, or the child  
4     of the consenting adoptive parents or legal guardians, or the  
5     parent of the consenting adult child, or the deceased wife or  
6     husband of the consenting surviving spouse of the adopted or  
7     surrendered person is or was the child of the brother or sister  
8     of the consenting birth uncle.

9           (m) A registrant may notify the Registry of his or her  
10    desire not to have identifying information revealed or may  
11    revoke any previously filed Information Exchange Authorization  
12    by completing and filing with the Registry a Registry  
13    Identification Form along with a Denial of Information Exchange  
14    or, if applicable, a Birth Parent Preference Form. Any  
15    registrant, except a birth parent, may revoke his or her Denial  
16    of Information Exchange by filing an Information Exchange  
17    Authorization. A birth parent may revoke a Denial of  
18    Information Exchange by filing a Birth Parent Preference Form.  
19    Any birth parent who has previously filed a Birth Parent  
20    Preference Form where Option E was selected may revoke such  
21    preference by filing a subsequent Birth Parent Preference Form  
22    and selecting Option A, B, C, or D. The Department of Public  
23    Health shall act in accordance with the most recently filed  
24    affidavit.

25           (n) Identifying information ascertained from the Registry  
26    shall be confidential and may be disclosed only (1) upon a

1 Court Order, which order shall name the person or persons  
2 entitled to the information, or (2) to a registrant who is the  
3 subject of an Information Exchange Authorization or, if  
4 applicable, a Birth Parent Preference Form that was completed  
5 by another registrant and filed with the Illinois Adoption  
6 Registry and Medical Information Exchange, or (3) as authorized  
7 under subsection (h) of Section 18.3 of this Act, or (4)  
8 pursuant to the procedures outlined in Section 18.1b(e) of this  
9 Act. Any person who willfully provides unauthorized disclosure  
10 of any information filed with the Registry or who knowingly or  
11 intentionally files false information with the Registry shall  
12 be guilty of a Class A misdemeanor and shall be liable for  
13 damages.

14 (o) If information is disclosed pursuant to this Act, the  
15 Department shall redact it to remove any identifying  
16 information about any party who has not consented to the  
17 disclosure of such identifying information, or, in the case of  
18 identifying information on the original birth certificate,  
19 pursuant to Section 18.1b(e) of this Act.

20 (Source: P.A. 97-110, eff. 7-14-11; 98-704, eff. 1-1-15.)

21 (750 ILCS 50/18.1a)

22 Sec. 18.1a. Registry matches.

23 (a) The Registry shall release identifying information, as  
24 specified on the applicant's Information Exchange  
25 Authorization or, if applicable, a Birth Parent Preference

1 Form, to the following mutually consenting registered parties  
2 and provide them with any photographs or correspondence which  
3 have been placed in the Adoption/Surrender Records File and are  
4 specifically intended for the registered parties:

5 (i) an adult adopted or surrendered person and one of  
6 his or her birth relatives who have both filed an  
7 applicable Information Exchange Authorization or, if  
8 applicable, a Birth Parent Preference Form specifying the  
9 other consenting party with the Registry, if information  
10 available to the Registry confirms that the consenting  
11 adopted or surrendered person is biologically related to  
12 the consenting birth relative;

13 (ii) the adoptive parent or legal guardian of an  
14 adopted or surrendered person under the age of 21 and one  
15 of the adopted or surrendered person's birth relatives who  
16 have both filed an Information Exchange Authorization  
17 specifying the other consenting party, or, if applicable, a  
18 Birth Parent Preference Form, with the Registry, if  
19 information available to the Registry confirms that the  
20 child of the consenting adoptive parent or legal guardian  
21 is biologically related to the consenting birth relative;  
22 and

23 (iii) the adoptive parent, adult child, adult  
24 grandchild, birth grandparent, or surviving spouse of a  
25 deceased adopted or surrendered person, and one of the  
26 adopted or surrendered person's birth relatives who have

1 both filed an applicable Information Exchange  
2 Authorization specifying the other consenting party or, if  
3 applicable, a Birth Parent Preference Form, with the  
4 Registry, if information available to the Registry  
5 confirms that the child of the consenting adoptive parent,  
6 the parent of the consenting adult child or the deceased  
7 wife or husband of the consenting surviving spouse of the  
8 adopted or surrendered person was biologically related to  
9 the consenting birth relative.

10 (b) If a registrant is the subject of a Denial of  
11 Information Exchange filed by another registered party or is an  
12 adopted or surrendered person, or the surviving relative of a  
13 deceased adopted or surrendered person, and a birth parent of  
14 the adopted or surrendered person completed a Birth Parent  
15 Preference Form and selected Option E, the Registry shall not  
16 release identifying information to either registrant or, if  
17 applicable, to an adopted person who has requested a copy of  
18 his or her original birth certificate, with the exception of  
19 non-certified copies of the original birth certificate  
20 released under Section 18.1b(e), and as to a birth parent who  
21 has prohibited release of identifying information on the  
22 original birth certificate to the adult adopted or surrendered  
23 person, upon the death of said birth parent.

24 (c) If a registrant has completed a Medical Information  
25 Exchange Questionnaire and has consented to its disclosure,  
26 that Questionnaire shall be released to any registered party

1 who has indicated their desire to receive such information on  
2 his or her Illinois Adoption Registry Application, if  
3 information available to the Registry confirms that the  
4 consenting parties are biologically related, that the  
5 consenting birth relative and the child of the consenting  
6 adoptive parents or legal guardians are birth relatives, or  
7 that the consenting birth relative and the deceased wife or  
8 husband of the consenting surviving spouse are birth relatives.  
9 (Source: P.A. 97-110, eff. 7-14-11; 98-704, eff. 1-1-15.)

10 (750 ILCS 50/18.1b)

11 Sec. 18.1b. The Illinois Adoption Registry Application.  
12 The Illinois Adoption Registry Application shall substantially  
13 include the following:

14 (a) General Information. The Illinois Adoption  
15 Registry Application shall include the space to provide  
16 Information about the registrant including his or her  
17 surname, given name or names, social security number  
18 (optional), mailing address, home telephone number,  
19 gender, date and place of birth, and the date of  
20 registration. If applicable and known to the registrant, he  
21 or she may include the maiden surname of the birth mother,  
22 any subsequent surnames of the birth mother, the surname of  
23 the birth father, the given name or names of the birth  
24 parents, the dates and places of birth of the birth  
25 parents, the surname and given name or names of the adopted

1 person prior to adoption, the gender and date and place of  
2 birth of the adopted or surrendered person, the name of the  
3 adopted person following his or her adoption and the state  
4 and county where the judgment of adoption was finalized.

5 (b) Medical Information Exchange Questionnaire. In  
6 recognition of the importance of medical information and of  
7 recent discoveries regarding the genetic origin of many  
8 medical conditions and diseases all registrants shall be  
9 asked to voluntarily complete a Medical Information  
10 Exchange Questionnaire. The Medical Information Exchange  
11 Questionnaire shall include a comprehensive check-list of  
12 medical conditions and diseases including those of genetic  
13 origin.

14 (1) Birth relatives shall be asked to indicate all  
15 genetically-inherited diseases and conditions on this  
16 list which are known to exist in the adopted or  
17 surrendered person's birth family at the time of  
18 registration. In addition, all birth relatives shall  
19 be apprised of the Registry's provisions for  
20 voluntarily submitting information about their and  
21 their family's medical histories on a confidential,  
22 ongoing basis.

23 (2) Adopted and surrendered persons and their  
24 adoptive parents, legal guardians, adult children,  
25 adult grandchildren, and surviving spouses shall be  
26 asked to indicate all genetically-inherited diseases



1           and medical conditions with which the adopted or  
2           surrendered person or, if applicable, his or her  
3           children have been diagnosed since birth.

4           (3) The Medical Information Exchange Questionnaire  
5           shall include a space where the registrant may  
6           authorize the release of the Medical Information  
7           Exchange Questionnaire to specified registered parties  
8           and a disclaimer informing registrants that the  
9           Department of Public Health cannot guarantee the  
10          accuracy of medical information exchanged through the  
11          Registry.

12          (c) Written statement. All registrants shall be given  
13          the opportunity to voluntarily file a written statement  
14          with the Registry. This statement shall be submitted in the  
15          space provided. No written statement submitted to the  
16          Registry shall include identifying information pertaining  
17          to any person other than the registrant who submitted it.  
18          Any such identifying information shall be redacted by the  
19          Department or returned for removal of identifying  
20          information.

21          (d) Exchange of information. All registrants except  
22          birth parents may indicate their wishes regarding contact  
23          and the exchange of identifying and/or medical information  
24          with any other registrant by completing an Information  
25          Exchange Authorization or a Denial of Information  
26          Exchange. Birth parents may indicate their wishes

1           regarding contact by filing a Birth Parent Preference Form  
2           pursuant to the procedures outlined in this Section.

3           (1) Information Exchange Authorization. Adopted or  
4           surrendered persons 21 years of age or over who are  
5           interested in exchanging identifying and/or medical  
6           information or would welcome contact with one or more  
7           of their birth relatives; birth siblings 21 years of  
8           age or over who were adopted or surrendered and who are  
9           interested in exchanging identifying and/or medical  
10          information or would welcome contact with an adopted or  
11          surrendered person, or one or more of his or her  
12          adoptive parents, legal guardians, adult children,  
13          adult grandchildren, or a surviving spouse; birth  
14          siblings 21 years of age or over who were not  
15          surrendered and who have submitted proof of death for  
16          any common birth parent who did not file a Denial of  
17          Information Exchange or a Birth Parent Preference Form  
18          on which Option E was selected prior to his or her  
19          death, and who are interested in exchanging  
20          identifying and/or medical information or would  
21          welcome contact with an adopted or surrendered person,  
22          or one or more of his or her adoptive parents, legal  
23          guardians, adult children, adult grandchildren, or a  
24          surviving spouse; birth aunts and birth uncles 21 years  
25          of age or over who have submitted birth certificates  
26          for themselves and a deceased birth parent naming at

1 least one common biological parent as well as proof of  
2 death for a deceased birth parent and who are  
3 interested in exchanging identifying and/or medical  
4 information or would welcome contact with an adopted or  
5 surrendered person 21 years of age or over, or one or  
6 more of his or her adoptive parents, legal guardians,  
7 adult children, adult grandchildren, or a surviving  
8 spouse; birth grandparents who have submitted birth  
9 certificates for themselves and a deceased birth  
10 parent as well as proof of death for a deceased birth  
11 parent and who are interested in exchanging  
12 identifying and/or medical information or would  
13 welcome contact with an adopted or surrendered person  
14 21 years of age or over, or one or more of his or her  
15 adoptive parents, legal guardians, adult children,  
16 adult grandchildren, or a surviving spouse; adoptive  
17 parents or legal guardians of adopted or surrendered  
18 persons under the age of 21 who are interested in  
19 exchanging identifying and/or medical information or  
20 would welcome contact with one or more of the adopted  
21 or surrendered person's birth relatives; adoptive  
22 parents and legal guardians of deceased adopted or  
23 surrendered persons 21 years of age or over who have  
24 submitted proof of death for a deceased adopted or  
25 surrendered person who did not file a Denial of  
26 Information Exchange prior to his or her death and who

1 are interested in exchanging identifying and/or  
2 medical information or would welcome contact with one  
3 or more of the adopted or surrendered person's birth  
4 relatives; adult children of deceased adopted or  
5 surrendered persons who have submitted a birth  
6 certificate naming the adopted or surrendered person  
7 as their biological parent, and, in the case of adult  
8 grandchildren, their birth certificate and a birth  
9 certificate naming the adopted or surrendered person  
10 as their parent's biological parent, and proof of death  
11 for an adopted or surrendered person who did not file a  
12 Denial of Information Exchange prior to his or her  
13 death; and surviving spouses of deceased adopted or  
14 surrendered persons who have submitted a marriage  
15 certificate naming an adopted or surrendered person as  
16 their deceased wife or husband and proof of death for  
17 an adopted or surrendered person who did not file a  
18 Denial of Information Exchange prior to his or her  
19 death and who are interested in exchanging identifying  
20 and/or medical information or would welcome contact  
21 with one or more of the adopted or surrendered person's  
22 birth relatives may specify with whom they wish to  
23 exchange identifying information by filing an  
24 Information Exchange Authorization.

25 (2) Denial of Information Exchange. Adopted or  
26 surrendered persons 21 years of age or over who do not

1 wish to exchange identifying information or establish  
2 contact with one or more of their birth relatives may  
3 specify with whom they do not wish to exchange  
4 identifying information or do not wish to establish  
5 contact by filing a Denial of Information Exchange.  
6 Birth relatives other than birth parents who do not  
7 wish to establish contact with an adopted or  
8 surrendered person or one or more of his or her  
9 adoptive parents, legal guardians, or adult children  
10 or adult grandchildren may specify with whom they do  
11 not wish to exchange identifying information or do not  
12 wish to establish contact by filing a Denial of  
13 Information Exchange. Birth parents who wish to  
14 prohibit the release of their identifying information  
15 on the original birth certificate released to an adult  
16 adopted or surrendered person who was born after  
17 January 1, 1946, or to the surviving adult child, adult  
18 grandchild, or surviving spouse of a deceased adopted  
19 or surrendered person who was born after January 1,  
20 1946, may do so by filing a Denial with the Registry on  
21 or before December 31, 2010. Adoptive parents or legal  
22 guardians of adopted or surrendered persons under the  
23 age of 21 who do not wish to establish contact with one  
24 or more of the adopted or surrendered person's birth  
25 relatives may specify with whom they do not wish to  
26 exchange identifying information by filing a Denial of

1 Information Exchange. Adoptive parents, adult  
2 children, adult grandchildren, and surviving spouses  
3 of deceased adoptees who do not wish to exchange  
4 identifying information or establish contact with one  
5 or more of the adopted or surrendered person's birth  
6 relatives may specify with whom they do not wish to  
7 exchange identifying information or do not wish to  
8 establish contact by filing a Denial of Information  
9 Exchange.

10 (3) Birth Parent Preference Form. Beginning  
11 January 1, 2011, birth parents who are eligible to  
12 register with the Illinois Adoption Registry and  
13 Medical Information Exchange and whose birth child was  
14 born on or after January 1, 1946 may communicate their  
15 wishes regarding contact or may prohibit the release of  
16 identifying information on the non-certified copy of  
17 the original birth certificate released under  
18 subsection (e) of this Section by filing a Birth Parent  
19 Preference Form with the Registry. Birth parents whose  
20 birth child was born before January 1, 1946, may  
21 communicate their wishes regarding contact by  
22 completing a Birth Parent Preference Form, selecting  
23 Option A, B, C, or D, and filing the form with the  
24 Registry, but may not prohibit the release of  
25 identifying information. All Birth Parent Preference  
26 Forms on file with the Registry at the time of receipt

1 of a Request for a Non-Certified Copy of an Original  
2 Birth Certificate from an adult adopted or surrendered  
3 person or the surviving adult child, surviving adult  
4 grandchild, or surviving spouse of a deceased adopted  
5 or surrendered person shall be forwarded to the  
6 relevant adopted or surrendered person or surviving  
7 adult child, surviving adult grandchild, or surviving  
8 spouse of a deceased adopted or surrendered person  
9 along with a non-certified copy of the adopted or  
10 surrendered person's original birth certificate as  
11 outlined in subsection (e) of this Section.

12 (e) Procedures for requesting a non-certified copy of  
13 an original birth certificate by an adult adopted or  
14 surrendered person or by a surviving adult child, adult  
15 grandchild, or surviving spouse of a deceased adopted or  
16 surrendered person:

17 (1) On or after the effective date of this  
18 amendatory Act of the 96th General Assembly, any adult  
19 adopted or surrendered person who was born in Illinois  
20 prior to January 1, 1946, may complete and file with  
21 the Registry a Request for a Non-Certified Copy of an  
22 Original Birth Certificate. The Registry shall provide  
23 such adult adopted or surrendered person with an  
24 unaltered, non-certified copy of his or her original  
25 birth certificate upon receipt of the Request for a  
26 Non-Certified Copy of an Original Birth Certificate.

1           Additionally, in cases where an adopted or surrendered  
2           person born in Illinois prior to January 1, 1946, is  
3           deceased, and one of his or her surviving adult  
4           children, adult grandchildren, or his or her surviving  
5           spouse has registered with the Registry, he or she may  
6           complete and file with the Registry a Request for a  
7           Non-Certified Copy of an Original Birth Certificate.  
8           The Registry shall provide such surviving adult child,  
9           adult grandchild, or surviving spouse with an  
10          unaltered, non-certified copy of the adopted or  
11          surrendered person's original birth certificate upon  
12          receipt of the Request for a Non-Certified Copy of an  
13          Original Birth Certificate.

14                 (2) Beginning November 15, 2011, any adult adopted  
15          or surrendered person who was born in Illinois on or  
16          after January 1, 1946, may complete and file with the  
17          Registry a Request for a Non-certified Copy of an  
18          Original Birth Certificate. Additionally, in cases  
19          where the adopted or surrendered person is deceased and  
20          one of his or her surviving adult children, adult  
21          grandchildren, or his or her surviving spouse has  
22          registered with the Registry, he or she may complete  
23          and file with the Registry a Request for a  
24          Non-Certified Copy of an Original Birth Certificate.  
25          Upon receipt of such request from an adult adopted or  
26          surrendered person or from one of his or her surviving



1 adult children, adult grandchildren, or his or her  
2 surviving spouse, the Registry shall:

3 (i) Determine if there is a Denial of  
4 Information Exchange which was filed by a birth  
5 parent named on the original birth certificate  
6 prior to January 1, 2011. If a Denial was filed by  
7 a birth parent named on the original birth  
8 certificate prior to January 1, 2011, and there is  
9 no proof of death in the Registry file for the  
10 birth parent who filed said Denial, the Registry  
11 shall inform the requesting adult adopted or  
12 surrendered person or the requesting surviving  
13 adult child, adult grandchild, or surviving spouse  
14 of a deceased adopted or surrendered person that  
15 they may receive a non-certified copy of the  
16 original birth certificate from which all  
17 identifying information pertaining to the birth  
18 parent who filed the Denial has been redacted. A  
19 requesting adult adopted or surrendered person  
20 shall also be informed in writing of his or her  
21 right to petition the court for the appointment of  
22 a confidential intermediary pursuant to Section  
23 18.3a of this Act and, if applicable, to conduct a  
24 search through an agency post-adoption search  
25 program once 5 years have elapsed since the birth  
26 parent filed the Denial of Information Exchange

1 with the Registry.

2 (ii) Determine if a birth parent named on the  
3 original birth certificate has filed a Birth  
4 Parent Preference Form. If one of the birth parents  
5 named on the original birth certificate filed a  
6 Birth Parent Preference Form and selected Option  
7 A, B, C, or D, the Registry shall forward to the  
8 adult adopted or surrendered person or to the  
9 surviving adult child, adult grandchild, or  
10 surviving spouse of a deceased adopted or  
11 surrendered person a copy of the Birth Parent  
12 Preference Form along with an unaltered  
13 non-certified copy of his or her original birth  
14 certificate. If one of the birth parents named on  
15 the original birth certificate filed a Birth  
16 Parent Preference Form and selected Option E, and  
17 there is no proof of death in the Registry file for  
18 the birth parent who filed said Birth Parent  
19 Preference Form, the Registry shall inform the  
20 requesting adult adopted or surrendered person or  
21 the requesting surviving adult child, adult  
22 grandchild, or surviving spouse of a deceased  
23 adopted or surrendered person that he or she may  
24 receive a non-certified copy of the original birth  
25 certificate from which identifying information  
26 pertaining to the birth parent who completed the

1 Birth Parent Preference Form has been redacted per  
2 the birth parent's specifications on the Form. The  
3 Registry shall forward to the adult adopted or  
4 surrendered person or to the surviving adult  
5 child, adult grandchild, or surviving spouse of a  
6 deceased adopted or surrendered person a copy of  
7 the Birth Parent Preference Form filed by the birth  
8 parent from which identifying information has been  
9 redacted per the birth parent's specifications on  
10 the Form. The requesting adult adopted or  
11 surrendered person shall also be informed in  
12 writing of his or her right to petition the court  
13 for the appointment of a confidential intermediary  
14 pursuant to Section 18.3a of this Act, and, if  
15 applicable, to conduct a search through an agency  
16 post-adoption search program once 5 years have  
17 elapsed since the birth parent filed the Birth  
18 Parent Preference Form, on which Option E was  
19 selected, with the Registry.

20 (iii) Determine if a birth parent named on the  
21 original birth certificate has filed an  
22 Information Exchange Authorization.

23 (iv) If the Registry has confirmed that a  
24 requesting adult adopted or surrendered person or  
25 the parent of a requesting adult child of a  
26 deceased adopted or surrendered person or the

1 husband or wife of a requesting surviving spouse  
2 was not the object of a Denial of Information  
3 Exchange filed by a birth parent on or before  
4 December 31, 2010, and that no birth parent named  
5 on the original birth certificate has filed a Birth  
6 Parent Preference Form where Option E was selected  
7 prior to the receipt of a Request for a  
8 Non-Certified Copy of an Original Birth  
9 Certificate, the Registry shall provide the adult  
10 adopted or surrendered person or his or her  
11 surviving adult child or surviving spouse with an  
12 unaltered non-certified copy of the adopted or  
13 surrendered person's original birth certificate.

14 (3) In cases where the Registry receives a Birth  
15 Parent Preference Form from a birth parent subsequent  
16 to the release of the non-certified copy of the  
17 original birth certificate to an adult adopted or  
18 surrendered person or to the surviving adult child,  
19 adult grandchild, or surviving spouse of a deceased  
20 adopted or surrendered person, the Birth Parent  
21 Preference Form shall be immediately forwarded to the  
22 adult adopted or surrendered person or to the surviving  
23 adult child, adult grandchild, or surviving spouse of  
24 the deceased adopted or surrendered person and the  
25 birth parent who filed the form shall be informed that  
26 the relevant original birth certificate has already

1           been released.

2           (4) A copy of the original birth certificate shall  
3           only be released to adopted or surrendered persons who  
4           were born in Illinois; to surviving adult children,  
5           adult grandchildren, or surviving spouses of deceased  
6           adopted or surrendered persons who were born in  
7           Illinois; or to 2 registered parties who have both  
8           consented to the release of a non-certified copy of the  
9           original birth certificate to one another through the  
10          Registry when the birth of the relevant adopted or  
11          surrendered person took place in Illinois.

12          (5) In cases where the Registry receives a Request  
13          for a Non-Certified Copy of an Original Birth  
14          Certificate from an adult adopted or surrendered  
15          person who has not completed a Registry application and  
16          the file of that adopted or surrendered person includes  
17          an Information Exchange Authorization, Birth Parent  
18          Preference Form, or Medical Information Exchange  
19          Questionnaire from one or more of his or her birth  
20          relatives, the Registry shall so inform the adult  
21          adopted or surrendered person and forward Registry  
22          application forms to him or her along with a  
23          non-certified copy of the original birth certificate  
24          consistent with the procedures outlined in this  
25          subsection (e).

26          (6) In cases where a birth parent registered with

1           the Registry and filed a Medical Information Exchange  
2           Questionnaire prior to the effective date of this  
3           amendatory Act of the 96th General Assembly but gave no  
4           indication as to his or her wishes regarding contact or  
5           the sharing of identifying information, the Registry  
6           shall contact the birth parent by written letter prior  
7           to January 1, 2011, and provide him or her with the  
8           opportunity to indicate his or her preference  
9           regarding contact and the sharing of identifying  
10          information by submitting a Birth Parent Preference  
11          Form to the Registry prior to November 1, 2011.

12           (7) In cases where the Registry cannot locate a  
13          copy of the original birth certificate in the Registry  
14          file, they shall be authorized to request a copy of the  
15          original birth certificate from the Illinois county  
16          where the birth took place for placement in the  
17          Registry file.

18           (8) Adopted and surrendered persons who wish to  
19          have their names placed with the Illinois Adoption  
20          Registry and Medical Information Exchange may do so by  
21          completing a Registry application at any time, but  
22          completing a Registry application shall not be  
23          required for adopted and surrendered persons who seek  
24          only to obtain a copy of their original birth  
25          certificate or any relevant Birth Parent Preference  
26          Forms through the Registry.

1           (9) In cases where a birth parent filed a Denial of  
2 Information Exchange with the Registry prior to  
3 January 1, 2011, or filed a Birth Parent Preference  
4 Form with the Registry and selected Option E after  
5 January 1, 2011, and a proof of death for the birth  
6 parent who filed the Denial or the Birth Parent  
7 Preference Form has been filed with the Registry by a  
8 confidential intermediary, a surviving relative of the  
9 deceased birth parent, or a birth child of the deceased  
10 birth parent, the Registry shall be authorized to  
11 release an unaltered non-certified copy of the  
12 original birth certificate to an adult adopted or  
13 surrendered person or to the surviving adult child,  
14 adult grandchild, or surviving spouse of a deceased  
15 adopted or surrendered person who has filed a Request  
16 for a Non-Certified Copy of the Original Birth  
17 Certificate with the Registry.

18           (10) On and after the effective date of this  
19 amendatory Act of the 96th General Assembly, in cases  
20 where all birth parents named on the original birth  
21 certificate of an adopted or surrendered person born  
22 after January 1, 1946, are deceased and copies of death  
23 certificates for all birth parents named on the  
24 original birth certificate have been filed with the  
25 Registry by either a confidential intermediary, a  
26 surviving relative of the deceased birth parent, or a

1 birth child of the deceased birth parent, the Registry  
2 shall be authorized to release a non-certified copy of  
3 the original birth certificate to the adopted or  
4 surrendered person upon receipt of his or her Request  
5 for a Non-Certified Copy of an Original Birth  
6 Certificate.

7 (f) A registrant may complete all or any part of the  
8 Illinois Adoption Registry Application. All Illinois  
9 Adoption Registry Applications, Information Exchange  
10 Authorizations, Denials of Information Exchange, requests  
11 to revoke an Information Exchange Authorization or Denial  
12 of Information Exchange, Birth Parent Preference Forms,  
13 and affidavits submitted to the Registry shall be  
14 accompanied by proof of identification.

15 (Source: P.A. 97-110, eff. 7-14-11; 97-333, eff. 8-12-11;  
16 98-704, eff. 1-1-15.)

17 (750 ILCS 50/18.2) (from Ch. 40, par. 1522.2)

18 Sec. 18.2. Forms.

19 (a) The Department shall develop the Illinois Adoption  
20 Registry forms as provided in this Section. The General  
21 Assembly shall reexamine the content of the form as requested  
22 by the Department, in consultation with the Registry Advisory  
23 Council. The form of the Birth Parent Registration  
24 Identification Form shall be substantially as follows:

25 BIRTH PARENT REGISTRATION IDENTIFICATION



1 (Insert all known information)

2 I, ....., state that I am the ..... (mother or father) of the  
3 following child:

4 Child's original name: ..... (first) ..... (middle) .....  
5 (last), ..... (hour of birth), ..... (date of birth),  
6 ..... (city and state of birth), ..... (name of  
7 hospital).

8 Father's full name: ..... (first) ..... (middle) .....  
9 (last), ..... (date of birth), ..... (city and state of  
10 birth).

11 Name of mother inserted on birth certificate: ..... (first)  
12 ..... (middle) ..... (last), ..... (race), ..... (date  
13 of birth), ..... (city and state of birth).

14 That I surrendered my child to: ..... (name of agency),  
15 ..... (city and state of agency), ..... (approximate date  
16 child surrendered).

17 That I placed my child by private adoption: ..... (date),  
18 ..... (city and state).

19 Name of adoptive parents, if known: .....

20 Other identifying information: .....

21 .....

22 (Signature of parent)

23 .....

24 (date) (printed name of parent)

25 (b) The form of the Adopted Person Registration

1 Identification shall be substantially as follows:

2 ADOPTED PERSON

3 REGISTRATION IDENTIFICATION

4 (Insert all known information)

5 I, ....., state the following:

6 Adopted Person's present name: ..... (first) .....  
7 (middle) ..... (last).

8 Adopted Person's name at birth (if known): ..... (first)  
9 ..... (middle) ..... (last), ..... (birth date), .....  
10 (city and state of birth), ..... (sex), ..... (race).

11 Name of adoptive father: ..... (first) ..... (middle) .....  
12 (last), ..... (race).

13 Maiden name of adoptive mother: ..... (first) .....  
14 (middle) ..... (last), ..... (race).

15 Name of birth mother (if known): ..... (first) .....  
16 (middle) ..... (last), ..... (race).

17 Name of birth father (if known): ..... (first) .....  
18 (middle) ..... (last), ..... (race).

19 Name(s) at birth of sibling(s) having a common birth parent  
20 with adoptee (if known): ..... (first) ..... (middle)  
21 ..... (last), ..... (race), and name of common birth  
22 parent: ..... (first) ..... (middle) ..... (last),  
23 ..... (race).

24 I was adopted through: ..... (name of agency).

25 I was adopted privately: ..... (state "yes" if known).

26 I was adopted in ..... (city and state), ..... (approximate

1 date).

2 Other identifying information: .....

3 .....

4 (signature of adoptee)

5 .....

6 (date) (printed name of adoptee)

7 (c) The form of the Surrendered Person Registration  
8 Identification shall be substantially as follows:

9 SURRENDERED PERSON REGISTRATION

10 IDENTIFICATION

11 (Insert all known information)

12 I, ....., state the following:

13 Surrendered Person's present name: ..... (first) .....  
14 (middle) ..... (last).

15 Surrendered Person's name at birth (if known): .....  
16 (first) ..... (middle) ..... (last), .....(birth  
17 date), ..... (city and state of birth), ..... (sex),  
18 ..... (race).

19 Name of guardian father: ..... (first) ..... (middle) .....  
20 (last), ..... (race).

21 Maiden name of guardian mother: ..... (first) .....  
22 (middle) ..... (last), ..... (race).

23 Name of birth mother (if known): ..... (first) .....  
24 (middle) ..... (last) ..... (race).

25 Name of birth father (if known): ..... (first) .....

1 (middle) ..... (last), .....(race).

2 Name(s) at birth of sibling(s) having a common birth parent  
3 with surrendered person (if known): ..... (first)  
4 ..... (middle) ..... (last), ..... (race), and name of  
5 common birth parent: ..... (first) ..... (middle)  
6 ..... (last), ..... (race).

7 I was surrendered for adoption to: ..... (name of agency).

8 I was surrendered for adoption in ..... (city and state), .....  
9 (approximate date).

10 Other identifying information: .....

11 .....

12 (signature of surrendered person)

13 ..... .....

14 (date) (printed name of person

15 surrendered for adoption)

16 (c-3) The form of the Registration Identification Form for  
17 Surviving Relatives of Deceased Birth Parents shall be  
18 substantially as follows:

19 REGISTRATION IDENTIFICATION FORM

20 FOR SURVIVING RELATIVES OF DECEASED BIRTH PARENTS

21 (Insert all known information)

22 I, ....., state the following:

23 Name of deceased birth parent at time of surrender:

24 Deceased birth parent's date of birth:

25 Deceased birth parent's date of death:

1           Adopted or surrendered person's name at birth (if known):  
2           .....(first) ..... (middle) ..... (last), .....(birth  
3           date), ..... (city and state of birth), ..... (sex),  
4           ..... (race).

5           My relationship to the adopted or surrendered person (check  
6           one): (birth parent's non-surrendered child) (birth parent's  
7           parent) (birth parent's sister) (birth parent's brother).

8           If you are a non-surrendered child of the birth parent, provide  
9           name(s) at birth and age(s) of non-surrendered siblings having  
10          a common parent with the birth parent. If more than one  
11          sibling, please give information requested below on reverse  
12          side of this form. If you are a sibling or parent of the birth  
13          parent, provide name(s) at birth and age(s) of the sibling(s)  
14          of the birth parent. If more than one sibling, please give  
15          information requested below on reverse side of this form.

16          Name (First) ..... (middle) ..... (last), .....(birth  
17          date), ..... (city and state of birth), ..... (sex),  
18          ..... (race).

19          Name(s) of common parent(s) (first) ..... (middle) .....  
20          (last), .....(race), (first) ..... (middle) .....  
21          (last), .....(race).

22          My birth sibling/child of my brother/child of my sister/ was  
23          surrendered for adoption to ..... (name of agency) City and  
24          state of agency ..... Date .....(approximate) Other  
25          identifying information ..... (Please note that you must: (i)

1 be at least 21 years of age to register; (ii) submit with your  
 2 registration a certified copy of the birth parent's birth  
 3 certificate; (iii) submit a certified copy of the birth  
 4 parent's death certificate; and (iv) if you are a  
 5 non-surrendered birth sibling or a sibling of the deceased  
 6 birth parent, also submit a certified copy of your birth  
 7 certificate with this registration. No application from a  
 8 surviving relative of a deceased birth parent can be accepted  
 9 if the birth parent filed a Denial of Information Exchange  
 10 prior to his or her death.)

11 .....  
 12 (signature of birth parent's surviving relative)

13 .....  
 14 (date) (printed name of birth  
 15 parent's surviving relative)

16 (c-5) The form of the Registration Identification Form for  
 17 Surviving Relatives of Deceased Adopted or Surrendered Persons  
 18 shall be substantially as follows:

19 REGISTRATION IDENTIFICATION FORM FOR  
 20 SURVIVING RELATIVES OF DECEASED ADOPTED OR SURRENDERED PERSONS  
 21 (Insert all known information)

22 I, ....., state the following:

23 Adopted or surrendered person's name at birth (if known):  
 24 (first) ..... (middle) ..... (last), .....(birth

1           date), ..... (city and state of birth), ..... (sex),  
2           ..... (race).

3           Adopted or surrendered person's date of death:

4           My relationship to the deceased adopted or surrendered  
5           person(check one): (adoptive mother) (adoptive father) (adult  
6           child) (surviving spouse).

7           If you are an adult child or surviving spouse of the adopted or  
8           surrendered person, provide name(s) at birth and age(s) of the  
9           children of the adopted or surrendered person. If the adopted  
10          or surrendered person had more than one child, please give  
11          information requested below on reverse side of this form.

12          Name (first) ..... (middle) ..... (last), .....(birth  
13          date), ..... (city and state of birth), ..... (sex),  
14          ..... (race).

15          Name(s) of common parent(s) (first) ..... (middle) .....  
16          (last), .....(race), (first) ..... (middle) .....  
17          (last), .....(race).

18          My child/parent/deceased spouse was surrendered for  
19          adoption to .....(name of agency) City and state of agency  
20          ..... Date ..... (approximate) Other identifying  
21          information ..... (Please note that you must: (i) be at  
22          least 21 years of age to register; (ii) submit with your  
23          registration a certified copy of the adopted or surrendered  
24          person's death certificate; (iii) if you are the child of a  
25          deceased adopted or surrendered person, also submit a  
26          certified copy of your birth certificate with this

1 registration; and (iv) if you are the surviving wife or  
 2 husband of a deceased adopted or surrendered person, also  
 3 submit a copy of your marriage certificate with this  
 4 registration. No application from a surviving relative of a  
 5 deceased adopted or surrendered person can be accepted if  
 6 the adopted or surrendered person filed a Denial of  
 7 Information Exchange prior to his or her death.)

8 .....  
 9 (signature of adopted or surrendered person's surviving  
 10 relative)

11 .....  
 12 (date) (printed name of adopted  
 13 person's surviving relative)

14 (d) The form of the Information Exchange Authorization  
 15 shall be substantially as follows:

16 INFORMATION EXCHANGE AUTHORIZATION

17 I, ....., state that I am the person who completed the  
 18 Registration Identification; that I am of the age of .....  
 19 years; that I hereby authorize the Department of Public Health  
 20 to give to the following person(s) (birth mother) (birth  
 21 father) (birth sibling) (adopted or surrendered person)  
 22 (adoptive mother) (adoptive father) (legal guardian of an  
 23 adopted or surrendered person) (birth grandparent) (birth



1 aunt) (birth uncle) (adult child of a deceased adopted or  
2 surrendered person) (surviving spouse of a deceased adopted or  
3 surrendered person) (all eligible relatives) the following  
4 (please check the information authorized for exchange):

5  1. Only my name and last known address.

6  2. A copy of my Illinois Adoption Registry  
7 Application.

8  3. A non-certified copy of the adopted or  
9 surrendered person's original certificate of live birth  
10 (check only if you are an adopted or surrendered person or  
11 the surviving adult child or surviving spouse of a deceased  
12 adopted or surrendered person).

13  4. A copy of my completed medical questionnaire.

14 I am fully aware that I can only be supplied with  
15 information about an individual or individuals who have duly  
16 executed an Information Exchange Authorization that has not  
17 been revoked or, if I am an adopted or surrendered person, from  
18 a birth parent who completed a Birth Parent Preference Form and  
19 did not prohibit the release of his or her identity to me; that  
20 I can be contacted by writing to: ..... (own name or name of  
21 person to contact) (address) (phone number).

22 NOTE: New IARMIE registrants who do not complete a Medical  
23 Information Exchange Questionnaire and release a copy of their  
24 questionnaire to at least one Registry applicant must pay a \$15  
25 registration fee.

26 Dated (insert date).

1 .....  
2

(signature)

3 (e) The form of the Denial of Information Exchange shall be  
4 substantially as follows:

5 DENIAL OF INFORMATION EXCHANGE

6 I, ....., state that I am the person who completed the  
7 Registration Identification; that I am of the age of .....  
8 years; that I hereby instruct the Department of Public Health  
9 not to give any identifying information about me to the  
10 following person(s) (birth mother) (birth father) (birth  
11 sibling) (adopted or surrendered person) (adoptive mother)  
12 (adoptive father) (legal guardian of an adopted or surrendered  
13 person) (birth grandparent) (birth aunt) (birth uncle) (adult  
14 child of a deceased adopted or surrendered person) (surviving  
15 spouse of a deceased adopted or surrendered person) (all  
16 eligible relatives).

17 I do/do not (circle appropriate response) authorize the  
18 Registry to release a copy of my completed Medical Information  
19 Exchange Questionnaire to qualified Registry applicants. NOTE:  
20 New IARMIE registrants who do not complete a Medical  
21 Information Exchange Questionnaire and release a copy of their  
22 questionnaire to at least one Registry applicant must pay a \$15  
23 registration fee. Birth parents filing a Denial of Information  
24 Exchange are advised that, under Illinois law, an adult adopted  
25 person may initiate a search for a birth parent who has filed a

1 Denial of Information Exchange or Birth Parent Preference Form  
 2 on which Option E was selected through the State confidential  
 3 intermediary program once 5 years have elapsed since the filing  
 4 of the Denial of Information Exchange or Birth Parent  
 5 Preference Form.

6 Dated (insert date).

7 .....

8 (signature)

9 (f) The form of the Birth Parent Preference Form shall be  
 10 substantially as follows:

11 In recognition of the basic right of all persons to access  
 12 their birth records, Illinois law now provides for the release  
 13 of original birth certificates to adopted and surrendered  
 14 persons 21 years of age or older upon request. While many birth  
 15 parents are comfortable sharing their identities or initiating  
 16 contact with their birth sons and daughters once they have  
 17 reached adulthood, Illinois law also recognizes that there may  
 18 be unique situations where a birth parent might have a  
 19 compelling reason for not wishing to establish contact with a  
 20 birth son or birth daughter or for not wishing to release  
 21 identifying information that appears on the original birth  
 22 certificate of a birth son or birth daughter who has reached  
 23 adulthood. The Illinois Adoption Registry and Medical  
 24 Information Exchange (IARMIE) has therefore established the  
 25 attached form to allow birth parents to express their

1 preferences regarding contact; and, if their birth child was  
2 born on or after January 1, 1946, to express their wishes  
3 regarding the sharing of identifying information listed on the  
4 original birth certificate with an adult adopted or surrendered  
5 person who has reached the age of 21 or his or her surviving  
6 relatives.

7 In selecting one of the 5 options below, birth parents  
8 should keep in mind that the decision to deny an adult adopted  
9 or surrendered person access to identifying information on his  
10 or her original birth record and/or information about  
11 genetically-transmitted diseases is an important decision that  
12 may impact the adopted or surrendered person's life in many  
13 ways. A request for anonymity on this form only pertains to  
14 information that is provided to an adult adopted or surrendered  
15 person or his or her surviving relatives through the Registry.  
16 This will not prevent the disclosure of identifying information  
17 that may be available to the adoptee through his or her  
18 adoptive parents and/or other means available to him or her.  
19 Birth parents who would prefer not to be contacted by their  
20 surrendered son or daughter are strongly urged to complete both  
21 the Non-Identifying Information Section included on the final  
22 page of the attached form and the Medical Questionnaire in  
23 order to provide their surrendered son or daughter with the  
24 background information he or she may need to better understand  
25 his or her origins. Birth parents whose birth son or birth  
26 daughter is under 21 years of age at the time of the completion

1 of this form are reminded that no original birth certificate  
 2 will be released by the IARMIE before an adoptee has reached  
 3 the age of 21. Should you need additional assistance in  
 4 completing this form, please contact the agency that handled  
 5 the adoption, if applicable, or the Illinois Adoption Registry  
 6 and Medical Information Exchange at 877-323-5299.

7 After careful consideration, I have made the following  
 8 decision regarding contact with my birth son/birth daughter,  
 9 (insert birth son's/birth daughter's name at birth, if  
 10 applicable) ....., who was born in (insert city/town of birth)  
 11 ..... on (insert date of birth)..... and the release of my  
 12 identifying information as it appears on his/her original birth  
 13 certificate when he/she reaches the age of 21, and I have  
 14 chosen Option ..... (insert A, B, C, D, or E, as applicable).  
 15 I realize that this form must be accompanied by a completed  
 16 IARMIE application form as well as a Medical Information  
 17 Exchange Questionnaire or the \$15 registration fee. I am also  
 18 aware that I may revoke this decision at any time by completing  
 19 a new Birth Parent Preference Form and filing it with the  
 20 IARMIE. I understand that it is my responsibility to update the  
 21 IARMIE with any changes to contact information provided below.  
 22 I also understand that, while preferences regarding the release  
 23 of identifying information through the Registry are binding  
 24 unless the law should change in the future, any selection I  
 25 have made regarding my preferred method of contact is not.

26 .....

1 (Signature/Date)

2 (Please insert your signature and today's date above, as well  
3 as under your chosen option, A, B, C, D, or E below.)

4 Option A. My birth son or birth daughter was born on or after  
5 January 1, 1946, and I agree to the release of my identifying  
6 information as it appears on my birth son's/birth daughter's  
7 original birth certificate, OR my birth son or birth daughter  
8 was born prior to January 1, 1946. I would welcome direct  
9 contact with my birth son/birth daughter when he or she has  
10 reached the age of 21. In addition, before my birth son or  
11 birth daughter has reached the age of 21 or in the event of his  
12 or her death, I would welcome contact with the following  
13 relatives of my birth child (circle all that apply): adoptive  
14 mother, adoptive father, surviving spouse, surviving adult  
15 child. I wish to be contacted at the following mailing address,  
16 email address or phone number:

17 .....  
18 .....  
19 .....  
20 .....

21 (Signature/Date)

22 Option B. My birth son or birth daughter was born on or after  
23 January 1, 1946, and I agree to the release of my identifying

1 information as it appears on my birth son's/birth daughter's  
 2 original birth certificate, OR my birth son or birth daughter  
 3 was born prior to January 1, 1946. I would welcome contact with  
 4 my birth son/birth daughter when he or she has reached the age  
 5 of 21. In addition, before my birth son or birth daughter has  
 6 reached the age of 21 or in the event of his or her death, I  
 7 would welcome contact with the following relatives of my birth  
 8 child (circle all that apply): adoptive mother, adoptive  
 9 father, surviving spouse, surviving adult child. I would prefer  
 10 to be contacted through the following person. (Insert name and  
 11 mailing address, email address or phone number of chosen  
 12 contact person.)

13 .....

14 .....

15 (Signature/Date)

16 Option C. My birth son or birth daughter was born on or after  
 17 January 1, 1946, and I agree to the release of my identifying  
 18 information as it appears on my birth son's/birth daughter's  
 19 original birth certificate, OR my birth son or birth daughter  
 20 was born prior to January 1, 1946. I would welcome contact with  
 21 my birth son/birth daughter when he or she has reached the age  
 22 of 21. In addition, before my birth son or birth daughter has  
 23 reached the age of 21 or in the event of his or her death, I  
 24 would welcome contact with the following relatives of my birth  
 25 child (circle all that apply): adoptive mother, adoptive

1 father, surviving spouse, surviving adult child. I would prefer  
 2 to be contacted through the Illinois Confidential Intermediary  
 3 Program (please call 800-526-9022 for additional information)  
 4 or through the agency that handled the adoption. (Insert agency  
 5 name, address and phone number, if applicable.)

6 .....  
 7 .....

8 (Signature/Date)

9 Option D. My birth son or birth daughter was born on or after  
 10 January 1, 1946, and I agree to the release of my identifying  
 11 information as it appears on my birth son's/birth daughter's  
 12 original birth certificate when he or she has reached the age  
 13 of 21, OR my birth son or birth daughter was born prior to  
 14 January 1, 1946. I would prefer not to be contacted by my birth  
 15 son/birth daughter or his or her adoptive parents or surviving  
 16 relatives.

17 .....

18 (Signature/Date)

19 Option E. My birth son or birth daughter was born on or after  
 20 January 1, 1946, and I wish to prohibit the release of my  
 21 (circle ALL applicable options) first name, last name, last  
 22 known address, birth son/birth daughter's last name (if last  
 23 name listed is same as mine), as they appear on my birth  
 24 son's/birth daughter's original birth certificate and do not



1 wish to be contacted by my birth son/birth daughter when he or  
 2 she has reached the age of 21. If there were any special  
 3 circumstances that played a role in your decision to remain  
 4 anonymous which you would like to share with your birth  
 5 son/birth daughter, please list them in the space provided  
 6 below (optional).

7 .....  
 8 .....

9 I understand that, although I have chosen to prohibit the  
 10 release of my identity on the non-certified copy of the  
 11 original birth certificate released to my birth son/birth  
 12 daughter, he or she may request that a court-appointed  
 13 confidential intermediary contact me to request updated  
 14 medical information and/or confirm my desire to remain  
 15 anonymous once 5 years have elapsed since the signing of this  
 16 form; at the time of this subsequent search, I wish to be  
 17 contacted through the person named below. (Insert in blank area  
 18 below the name and phone number of the contact person, or leave  
 19 it blank if you wish to be contacted directly.) I also  
 20 understand that this request for anonymity shall expire upon my  
 21 death.

22 .....  
 23 .....

24 (Signature/Date)

25 NOTE: A copy of this form will be forwarded to your birth son

1 or birth daughter should he or she file a request for his or  
 2 her original birth certificate with the IARMIE. However, if you  
 3 have selected Option E, identifying information, per your  
 4 specifications above, will be deleted from the copy of this  
 5 form forwarded to your birth son or daughter during your  
 6 lifetime. In the event that an adopted or surrendered person is  
 7 deceased, his or her surviving adult children may request a  
 8 copy of the adopted or surrendered person's original birth  
 9 certificate providing they have registered with the IARMIE; the  
 10 copy of this form and the non-certified copy of the original  
 11 birth certificate forwarded to the surviving child of the  
 12 adopted or surrendered person shall be redacted per your  
 13 specifications on this form during your lifetime.

14 Non-Identifying Information Section

15 I wish to voluntarily provide the following non-identifying  
 16 information to my birth son or birth daughter:

17 My age at the time of my child's birth was .....

18 My race is best described as: .....

19 My height is: .....

20 My body type is best described as (circle one): slim, average,  
 21 muscular, a few extra pounds, or more than a few extra pounds.

22 My natural hair color is/was: .....

23 My eye color is: .....

24 My religion is best described as: .....

25 My ethnic background is best described as: .....

26 My educational level is closest to (circle applicable

1 response): completed elementary school, graduated from  
2 high school, attended college, earned bachelor's degree,  
3 earned master's degree, earned doctoral degree.

4 My occupation is best described as .....

5 My hobbies include .....

6 My interests include .....

7 My talents include .....

8 In addition to my surrendered son or daughter, I also  
9 am the biological parent of (insert number) ..... boys and  
10 (insert number) ..... girls, of whom (insert number) .....  
11 are still living.

12 The relationship between me and my child's birth mother/birth  
13 father would best be described as (circle appropriate  
14 response): husband and wife, ex-spouses, boyfriend and  
15 girlfriend, casual acquaintances, other (please specify)  
16 .....

17 (g) The form of the Request for a Non-Certified Copy of an  
18 Original Birth Certificate shall be substantially as follows:

19 REQUEST FOR A NON-CERTIFIED COPY OF AN ORIGINAL BIRTH  
20 CERTIFICATE

21 I, (requesting party's full name) ....., hereby request a  
22 non-certified copy of (check appropriate option) ..... my  
23 original birth certificate ..... the original birth  
24 certificate of my deceased adopted or surrendered parent .....  
25 the original birth certificate of my deceased adopted or  
26 surrendered spouse (insert deceased parent's/deceased spouse's

1 name at adoption) ..... I/my deceased parent/my deceased  
 2 spouse was born in (insert city and county of adopted or  
 3 surrendered person's birth) ..... on ..... (insert adopted or  
 4 surrendered person's date of birth). In the event that one or  
 5 both of my/my deceased parent's/my deceased spouse's birth  
 6 parents has requested that their identity not be released to  
 7 me/to my deceased parent/to my deceased spouse, I wish to  
 8 (check appropriate option) ..... a. receive a non-certified  
 9 copy of the original birth certificate from which identifying  
 10 information pertaining to the birth parent who requested  
 11 anonymity has been deleted; or ..... b. I do not wish to  
 12 receive ~~received~~ an altered copy of the original birth  
 13 certificate.

14 Dated (insert date).

15 .....

16 (signature)

17 (h) Any Information Exchange Authorization, Denial of  
 18 Information Exchange, or Birth Parent Preference Form filed  
 19 with the Registry, or Request for a Non-Certified Copy of an  
 20 Original Birth Certificate filed with the Registry by a  
 21 surviving adult child or surviving spouse of a deceased adopted  
 22 or surrendered person, shall be acknowledged by the person who  
 23 filed it before a notary public, in form substantially as  
 24 follows:

25 State of .....

1 County of .....

2 I, a Notary Public, in and for the said County, in the  
3 State aforesaid, do hereby certify that .....  
4 personally known to me to be the same person whose name is  
5 subscribed to the foregoing certificate of acknowledgement,  
6 appeared before me in person and acknowledged that (he or she)  
7 signed such certificate as (his or her) free and voluntary act  
8 and that the statements in such certificate are true.

9 Given under my hand and notarial seal on (insert date).

10 .....  
11 (signature)

12 (i) When the execution of an Information Exchange  
13 Authorization, Denial of Information Exchange, or Birth Parent  
14 Preference Form or Request for a Non-Certified Copy of an  
15 Original Birth Certificate completed by a surviving adult child  
16 or surviving spouse of a deceased adopted or surrendered person  
17 is acknowledged before a representative of an agency, such  
18 representative shall have his signature on said Certificate  
19 acknowledged before a notary public, in form substantially as  
20 follows:

21 State of.....

22 County of.....

23 I, a Notary Public, in and for the said County, in the  
24 State aforesaid, do hereby certify that ..... personally known  
25 to me to be the same person whose name is subscribed to the

1 foregoing certificate of acknowledgement, appeared before me  
 2 in person and acknowledged that (he or she) signed such  
 3 certificate as (his or her) free and voluntary act and that the  
 4 statements in such certificate are true.

5 Given under my hand and notarial seal on (insert date).

6 .....  
 7 (signature)

8 (j) When an Illinois Adoption Registry Application,  
 9 Information Exchange Authorization, Denial of Information  
 10 Exchange, Birth Parent Preference Form, or Request for a  
 11 Non-Certified Copy of an Original Birth Certificate completed  
 12 by a surviving adult child or surviving spouse of a deceased  
 13 adopted or surrendered person is executed in a foreign country,  
 14 the execution of such document shall be acknowledged or  
 15 affirmed before an officer of the United States consular  
 16 services.

17 (k) If the person signing an Information Exchange  
 18 Authorization, Denial of Information, Birth Parent Preference  
 19 Form, or Request for a Non-Certified Copy of an Original Birth  
 20 Certificate completed by a surviving adult child or surviving  
 21 spouse of a deceased adopted or surrendered person is in the  
 22 military service of the United States, the execution of such  
 23 document may be acknowledged before a commissioned officer and  
 24 the signature of such officer on such certificate shall be  
 25 verified or acknowledged before a notary public or by such

1 other procedure as is then in effect for such division or  
2 branch of the armed forces.

3 (1) An adopted or surrendered person, surviving adult  
4 child, adult grandchild, surviving spouse, or birth parent of  
5 an adult adopted person who completes a Request For a  
6 Non-Certified Copy of the Original Birth Certificate shall meet  
7 the same filing requirements and pay the same filing fees as a  
8 non-adopted person seeking to obtain a copy of his or her  
9 original birth certificate.

10 (m) Beginning on January 1, 2015, any birth parent of an  
11 adult adopted person named on the original birth certificate  
12 may request a non-certified copy of the original birth  
13 certificate reflecting the birth of the adult adopted person,  
14 provided that:

15 (1) any non-certified copy of the original birth  
16 certificate released under this subsection (m) shall not  
17 reflect the State file number on the original birth  
18 certificate; and

19 (2) if the Department of Public Health does not locate  
20 the original birth certificate, it shall issue a  
21 certification of no record found.

22 (Source: P.A. 97-110, eff. 7-14-11; 98-704, eff. 1-1-15;  
23 revised 12-10-14.)

24 (750 ILCS 50/18.3a) (from Ch. 40, par. 1522.3a)  
25 Sec. 18.3a. Confidential intermediary.

1 (a) General purposes. Notwithstanding any other provision  
2 of this Act,

3 (1) any adopted or surrendered person 21 years of age  
4 or over; or

5 (2) any adoptive parent or legal guardian of an adopted  
6 or surrendered person under the age of 21; or

7 (3) any birth parent of an adopted or surrendered  
8 person who is 21 years of age or over; or

9 (4) any adult child or adult grandchild of a deceased  
10 adopted or surrendered person; or

11 (5) any adoptive parent or surviving spouse of a  
12 deceased adopted or surrendered person; or

13 (6) any adult birth sibling of the adult adopted or  
14 surrendered person unless the birth parent has checked  
15 Option E on the Birth Parent Preference Form or has filed a  
16 Denial of Information Exchange with the Registry and is not  
17 deceased; or

18 (7) any adult adopted birth sibling of an adult adopted  
19 or surrendered person; or

20 (8) any adult birth sibling of the birth parent if the  
21 birth parent is deceased; or

22 (9) any birth grandparent

23 may petition the court in any county in the State of Illinois  
24 for appointment of a confidential intermediary as provided in  
25 this Section for the purpose of exchanging medical information  
26 with one or more mutually consenting biological relatives,



1 obtaining identifying information about one or more mutually  
2 consenting biological relatives, or arranging contact with one  
3 or more mutually consenting biological relatives. The  
4 petitioner shall be required to accompany his or her petition  
5 with proof of registration with the Illinois Adoption Registry  
6 and Medical Information Exchange.

7 (b) Petition. Upon petition, the court shall appoint a  
8 confidential intermediary. The petition shall indicate if the  
9 petitioner wants to do any one or more of the following as to  
10 the sought-after relative or relatives: exchange medical  
11 information with the biological relative or relatives, obtain  
12 identifying information from the biological relative or  
13 relatives, or to arrange contact with the biological relative.

14 (c) Order. The order appointing the confidential  
15 intermediary shall allow that intermediary to conduct a search  
16 for the sought-after relative by accessing those records  
17 described in subsection (g) of this Section.

18 (d) Fees and expenses. The court shall not condition the  
19 appointment of the confidential intermediary on the payment of  
20 the intermediary's fees and expenses in advance of the  
21 commencement of the work of the confidential intermediary. No  
22 fee shall be charged to any petitioner.

23 (e) Eligibility of intermediary. The court may appoint as  
24 confidential intermediary any person certified by the  
25 Department of Children and Family Services as qualified to  
26 serve as a confidential intermediary. Certification shall be

1 dependent upon the confidential intermediary completing a  
2 course of training including, but not limited to, applicable  
3 federal and State privacy laws.

4 (f) (Blank).

5 (g) Confidential intermediary access to information.  
6 Subject to the limitations of subsection (i) of this Section,  
7 the confidential intermediary shall have access to vital  
8 records maintained by the Department of Public Health and its  
9 local designees for the maintenance of vital records, or a  
10 comparable public entity that maintains vital records in  
11 another state in accordance with that state's laws, and all  
12 records of the court or any adoption agency, public or private,  
13 as limited in this Section, which relate to the adoption or the  
14 identity and location of an adopted or surrendered person, of  
15 an adult child or surviving spouse of a deceased adopted or  
16 surrendered person, or of a birth parent, birth sibling, or the  
17 sibling of a deceased birth parent. The confidential  
18 intermediary shall not have access to any personal health  
19 information protected by the Standards for Privacy of  
20 Individually Identifiable Health Information adopted by the  
21 U.S. Department of Health and Human Services under the Health  
22 Insurance Portability and Accountability Act of 1996 unless the  
23 confidential intermediary has obtained written consent from  
24 the person whose information is being sought by an adult  
25 adopted or surrendered person or, if that person is a minor  
26 child, that person's parent or guardian. Confidential

1 intermediaries shall be authorized to inspect confidential  
2 relinquishment and adoption records. The confidential  
3 intermediary shall not be authorized to access medical records,  
4 financial records, credit records, banking records, home  
5 studies, attorney file records, or other personal records. In  
6 cases where a birth parent is being sought, an adoption agency  
7 shall inform the confidential intermediary of any statement  
8 filed pursuant to Section 18.3, hereinafter referred to as "the  
9 18.3 statement", indicating a desire of the surrendering birth  
10 parent to have identifying information shared or to not have  
11 identifying information shared. Information provided to the  
12 confidential intermediary by an adoption agency shall be  
13 restricted to the full name, date of birth, place of birth,  
14 last known address, last known telephone number of the  
15 sought-after relative or, if applicable, of the children or  
16 siblings of the sought-after relative, and the 18.3 statement.  
17 If the petitioner is an adult adopted or surrendered person or  
18 the adoptive parent of a minor and if the petitioner has signed  
19 a written authorization to disclose personal medical  
20 information, an adoption agency disclosing information to a  
21 confidential intermediary shall disclose available medical  
22 information about the adopted or surrendered person from birth  
23 through adoption.

24 (h) Missing or lost original birth certificate; remedy.  
25 Disclosure of information by the confidential intermediary  
26 shall be consistent with the public policy and intent of laws

1 granting original birth certificate access as expressed in  
2 Section 18.04 of this Act. The confidential intermediary shall  
3 comply with the following procedures in disclosing information  
4 to the petitioners:

5 (1) If the petitioner is an adult adopted or  
6 surrendered person, or the adult child, adult grandchild,  
7 or surviving spouse of a deceased adopted or surrendered  
8 person, the confidential intermediary shall disclose:

9 (A) identifying information about the birth parent  
10 of the adopted person which, in the ordinary course of  
11 business, would have been reflected on the original  
12 filed certificate of birth, as of the date of birth,  
13 only if:

14 (i) the adopted person was born before January  
15 1, 1946 and the petitioner has requested a  
16 non-certified copy of the adopted person's  
17 original birth certificate under Section 18.1 of  
18 this Act, and the Illinois Department of Public  
19 Health has issued a certification that the  
20 original birth certificate was not found, or the  
21 petitioner has presented the confidential  
22 intermediary with the non-certified copy of the  
23 original birth certificate which omits the name of  
24 the birth parent;

25 (ii) the adopted person was born after January  
26 1, 1946, and the petitioner has requested a

1 non-certified copy of the adopted person's  
2 original birth certificate under Section 18.1 of  
3 this Act and the Illinois Department of Public  
4 Health has issued a certification that the  
5 original birth certificate was not found.

6 In providing information pursuant to this  
7 subdivision (h)(1)(A), the confidential intermediary  
8 shall expressly inform the petitioner in writing that  
9 since the identifying information is not from an  
10 official original certificate of birth filed pursuant  
11 to the Vital Records Act, the confidential  
12 intermediary cannot attest to the complete accuracy of  
13 the information and the confidential intermediary  
14 shall not be liable if the information disclosed is not  
15 accurate. Only information from the court files shall  
16 be provided to the petitioner in this Section. If the  
17 identifying information concerning a birth father is  
18 sought by the petitioner, the confidential  
19 intermediary shall disclose only the identifying  
20 information of the birth father as defined in Section  
21 18.06 of this Act;

22 (B) the name of the child welfare agency which had  
23 legal custody of the surrendered person or  
24 responsibility for placing the surrendered person and  
25 any available contact information for such agency;

26 (C) the name of the state in which the surrender

1           occurred or in which the adoption was finalized; and

2           (D) any information for which the sought-after  
3           relative has provided his or her consent to disclose  
4           under paragraphs (1) through (4) of subsection (i) of  
5           this Section.

6           (2) If the petitioner is an adult adopted or  
7           surrendered person, or the adoptive parent of an adult  
8           adopted or surrendered person under the age of 21, or the  
9           adoptive parent of a deceased adopted or surrendered  
10          person, the confidential intermediary shall provide, in  
11          addition to the information listed in paragraph (1) of this  
12          subsection (h):

13           (A) any information which the adoption agency  
14           provides pursuant to subsection (i) of this Section  
15           pertaining to medical information about the adopted or  
16           surrendered person; and

17           (B) any non-identifying information, as defined in  
18           Section 18.4 of this Act, that is obtained during the  
19           search.

20          (3) If the petitioner is not defined in paragraph (1)  
21          or (2) of this subsection, the confidential intermediary  
22          shall provide to the petitioner:

23           (A) any information for which the sought-after  
24           relative has provided his or her consent under  
25           paragraphs (1) through (4) of subsection (i) of this  
26           Section;

1 (B) the name of the child welfare agency which had  
2 legal custody of the surrendered person or  
3 responsibility for placing the surrendered person and  
4 any available contact information for such agency; and

5 (C) the name of the state in which the surrender  
6 occurred or in which the adoption was finalized.

7 (h-5) Disclosure of information shall be made by the  
8 confidential intermediary at any time from the appointment of  
9 the confidential intermediary and the court's issuance of an  
10 order of dismissal.

11 (i) Duties of confidential intermediary in conducting a  
12 search. In conducting a search under this Section, the  
13 confidential intermediary shall first determine whether there  
14 is a Denial of Information Exchange or a Birth Parent  
15 Preference Form with Option E selected or an 18.3 statement  
16 referenced in subsection (g) of this Section on file with the  
17 Illinois Adoption Registry. If there is a denial, the Birth  
18 Parent Preference Form on file with the Registry and the birth  
19 parent who completed the form selected Option E, or if there is  
20 an 18.3 statement indicating the birth parent's intent not to  
21 have identifying information shared and the birth parent did  
22 not later file an Information Exchange Authorization with the  
23 Registry, the confidential intermediary must discontinue the  
24 search unless 5 years or more have elapsed since the execution  
25 of the Denial of Information Exchange, Birth Parent Preference  
26 Form, or the 18.3 statement. If a birth parent was previously

1 the subject of a search through the State confidential  
2 intermediary program, the confidential intermediary shall  
3 inform the petitioner of the need to discontinue the search  
4 until 10 years or more have elapsed since the initial search  
5 was closed. In cases where a birth parent has been the object  
6 of 2 searches through the State confidential intermediary  
7 program, no subsequent search for the birth parent shall be  
8 authorized absent a court order to the contrary.

9 In conducting a search under this Section, the confidential  
10 intermediary shall attempt to locate the relative or relatives  
11 from whom the petitioner has requested information. If the  
12 sought-after relative is deceased or cannot be located after a  
13 diligent search, the confidential intermediary may contact  
14 other adult relatives of the sought-after relative.

15 The confidential intermediary shall contact a sought-after  
16 relative on behalf of the petitioner in a manner that respects  
17 the sought-after relative's privacy and shall inform the  
18 sought-after relative of the petitioner's request for medical  
19 information, identifying information or contact as stated in  
20 the petition. Based upon the terms of the petitioner's request,  
21 the confidential intermediary shall contact a sought-after  
22 relative on behalf of the petitioner and inform the  
23 sought-after relative of the following options:

- 24 (1) The sought-after relative may totally reject one or  
25 all of the requests for medical information, identifying  
26 information or contact. The sought-after relative shall be



1 informed that they can provide a medical questionnaire to  
2 be forwarded to the petitioner without releasing any  
3 identifying information. The confidential intermediary  
4 shall inform the petitioner of the sought-after relative's  
5 decision to reject the sharing of information or contact.

6 (2) The sought-after relative may consent to  
7 completing a medical questionnaire only. In this case, the  
8 confidential intermediary shall provide the questionnaire  
9 and ask the sought-after relative to complete it. The  
10 confidential intermediary shall forward the completed  
11 questionnaire to the petitioner and inform the petitioner  
12 of the sought-after relative's desire to not provide any  
13 additional information.

14 (3) The sought-after relative may communicate with the  
15 petitioner without having his or her identity disclosed. In  
16 this case, the confidential intermediary shall arrange the  
17 desired communication in a manner that protects the  
18 identity of the sought-after relative. The confidential  
19 intermediary shall inform the petitioner of the  
20 sought-after relative's decision to communicate but not  
21 disclose his or her identity.

22 (4) The sought-after relative may consent to initiate  
23 contact with the petitioner. The confidential intermediary  
24 shall obtain written consents from both parties that they  
25 wish to disclose their identities to each other and to have  
26 contact with each other.

1 (j) Oath. The confidential intermediary shall sign an oath  
 2 of confidentiality substantially as follows: "I, .....,  
 3 being duly sworn, on oath depose and say: As a condition of  
 4 appointment as a confidential intermediary, I affirm that:

5 (1) I will not disclose to the petitioner, directly or  
 6 indirectly, any confidential information except in a  
 7 manner consistent with the law.

8 (2) I recognize that violation of this oath subjects me  
 9 to civil liability and to a potential finding of contempt  
 10 of court. ....

11 SUBSCRIBED AND SWORN to before me, a Notary Public, on (insert  
 12 date)

13 ....."

14 (k) Sanctions.

15 (1) Any confidential intermediary who improperly  
 16 discloses confidential information identifying a  
 17 sought-after relative shall be liable to the sought-after  
 18 relative for damages and may also be found in contempt of  
 19 court.

20 (2) Any person who learns a sought-after relative's  
 21 identity, directly or indirectly, through the use of  
 22 procedures provided in this Section and who improperly  
 23 discloses information identifying the sought-after  
 24 relative shall be liable to the sought-after relative for  
 25 actual damages plus minimum punitive damages of \$10,000.

26 (3) The Department shall fine any confidential

1 intermediary who improperly discloses confidential  
2 information in violation of item (1) or (2) of this  
3 subsection (k) an amount up to \$2,000 per improper  
4 disclosure. This fine does not affect civil liability under  
5 item (2) of this subsection (k). The Department shall  
6 deposit all fines and penalties collected under this  
7 Section into the Illinois Adoption Registry and Medical  
8 Information Fund.

9 (l) Death of person being sought. Notwithstanding any other  
10 provision of this Act, if the confidential intermediary  
11 discovers that the person being sought has died, he or she  
12 shall report this fact to the court, along with a copy of the  
13 death certificate. If the sought-after relative is a birth  
14 parent, the confidential intermediary shall also forward a copy  
15 of the birth parent's death certificate, if available, to the  
16 Registry for inclusion in the Registry file.

17 (m) Any confidential information obtained by the  
18 confidential intermediary during the course of his or her  
19 search shall be kept strictly confidential and shall be used  
20 for the purpose of arranging contact between the petitioner and  
21 the sought-after birth relative. At the time the case is  
22 closed, all identifying information shall be returned to the  
23 court for inclusion in the impounded adoption file.

24 (n) (Blank).

25 (o) Except as provided in subsection (k) of this Section,  
26 no liability shall accrue to the State, any State agency, any

1 judge, any officer or employee of the court, any certified  
2 confidential intermediary, or any agency designated to oversee  
3 confidential intermediary services for acts, omissions, or  
4 efforts made in good faith within the scope of this Section.

5 (p) An adoption agency that has received a request from a  
6 confidential intermediary for the full name, date of birth,  
7 last known address, or last known telephone number of a  
8 sought-after relative pursuant to subsection (g) of Section  
9 18.3a, or for medical information regarding a sought-after  
10 relative pursuant to subsection (h) of Section 18.3a, must  
11 satisfactorily comply with this court order within a period of  
12 45 days. The court shall order the adoption agency to reimburse  
13 the petitioner in an amount equal to all payments made by the  
14 petitioner to the confidential intermediary, and the adoption  
15 agency shall be subject to a civil monetary penalty of \$1,000  
16 to be paid to the Department of Children and Family Services.  
17 Following the issuance of a court order finding that the  
18 adoption agency has not complied with Section 18.3, the  
19 adoption agency shall be subject to a monetary penalty of \$500  
20 per day for each subsequent day of non-compliance. Proceeds  
21 from such fines shall be utilized by the Department of Children  
22 and Family Services to subsidize the fees of petitioners as  
23 referenced in subsection (d) of this Section.

24 (q) (Blank).

25 Any reimbursements and fines, notwithstanding any  
26 reimbursement directly to the petitioner, paid under this

1 subsection are in addition to other remedies a court may  
2 otherwise impose by law.

3 The Department of Children and Family Services shall submit  
4 reports to the Adoption Registry-Confidential Intermediary  
5 Advisory Council by July 1 and January 1 of each year in order  
6 to report the penalties assessed and collected under this  
7 subsection, the amounts of related deposits into the DCFS  
8 Children's Services Fund, and any expenditures from such  
9 deposits.

10 (Source: P.A. 97-110, eff. 7-14-11; 97-1063, eff. 1-1-13;  
11 98-704, eff. 1-1-15.)

12 (750 ILCS 50/18.6) (from Ch. 40, par. 1522.6)

13 Sec. 18.6. Registry fees. The Department of Public Health  
14 shall levy a fee for each registrant under Sections 18.05  
15 through 18.5. A \$15 fee shall be charged for registering with  
16 the Illinois Adoption Registry and Medical Information  
17 Exchange. However, this fee shall be waived for all adopted or  
18 surrendered persons, surviving children and spouses of  
19 deceased adopted persons, adoptive parents, legal guardians,  
20 birth parents, birth grandparents, birth aunts, birth uncles,  
21 and birth siblings who complete a Medical Information Exchange  
22 Questionnaire at the time of registration and authorize its  
23 release to specified registered parties, and for adoptive  
24 parents registering within 12 months of the finalization of the  
25 adoption. All persons who were registered with the Illinois

1 Adoption Registry prior to the effective date of this  
2 amendatory Act of 1999 and who wish to update their  
3 registration may do so without charge. No charge of any kind  
4 shall be made for the withdrawal of any form provided in  
5 Section 18.2.

6 (Source: P.A. 96-895, eff. 5-21-10; 97-110, eff. 7-14-11.)