



Illinois Department of Public Health

STATE OF ILLINOIS ADOPTION REGISTRY

INFORMATION EXCHANGE AUTHORIZATION

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

(please check the information authorized for exchange)

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

I am fully aware that I can only be supplied with any information about the individual(s) who has duly executed an Information Exchange Authorization for the information which authorization has not been revoked. I can be contacted by writing to:

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

NAME	TELEPHONE NUMBER ()	
STREET ADDRESS		
CITY	STATE	ZIP CODE

Dated _____, _____
(insert date)

APPLICANT'S SIGNATURE

STATE OF _____

COUNTY OF _____

If adoption agency representative, please state title. _____	
Name of agency _____	
City _____	
State _____	ZIP code _____

I, a Notary Public, in and for the said county, in the state aforesaid, do hereby certify that _____ personally known to me to be the same person whose name is subscribed to the foregoing Information Exchange Authorization, appeared before me in person and acknowledged that he/she signed such authorization at his/her free and voluntary act and that the statements in such authorization are true.

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

SIGNATURE OF NOTARY