

**GENERAL INSTRUCTIONS FOR COMPLETING
ILLINOIS ADOPTION REGISTRY – MEDICAL INFORMATION EXCHANGE (IARMIE) FORM**

Type or print (in ink) the information requested. If you do not know the information, leave the item blank.

Registrations MUST contain the following basic forms/items:

1. Specific Registration Identification (e.g., Adopted Person, Birth Parent)
2. Illinois Adoption Registry Application
3. Photocopy of your government issued photo identification (ID). Acceptable IDs are: **driver's license with photo, government issued photo ID card or passport.**

Upon completion of your basic registration forms, you MUST choose one of the following options:

(Select the one that best defines what you wish to accomplish with your registration and submit the required items/forms.)

A. If you wish to exchange medical information, with or without exchanging identifying information, you must include the following forms in addition to your basic registration forms:

- A properly completed Information Exchange Authorization (**See NOTE below)
- A completed medical information questionnaire

B. If you wish to exchange identifying information, but NOT medical information, you must include these forms/items in addition to your basic registration forms:

- A properly completed Information Exchange Authorization (**See NOTE below)
- The required registration fee of \$15 made payable to the Illinois Department of Public Health. (This fee is waived for persons agreeing to exchange the medical information questionnaire, which contains NO identifying information.)

C. If you wish to deny contact of any kind, you must include the following in addition to your basic registration forms:

(Birth parents that do not want contact or release of identifying information from the original birth record must complete the Birth Parent Preference Packet.)

- A properly completed Denial of Information Exchange (**See NOTE below)
- The required registration fee of \$15 made payable to the Illinois Department of Public Health. (This fee is waived for persons agreeing to exchange the medical information questionnaire, which contains NO identifying information.)

****NOTE:** The applicant's signature must be **notarized** on the *Information Exchange Authorization* or the *Denial of Information Exchange* forms. If the form does not contain your signature, the notary's signature and the seal, you will receive another blank form to properly complete before being included in the IARMIE.

In addition to the completed registration forms, you may submit optional written statements and photographs.

To authorize the release of optional written statements and photographs you must sign Section B and C of the Illinois Adoption Registry Application. Photographs are to be of the registrant alone and no larger than 8 ½- inches-by- 11 inches. Statements may not contain specific names, dates or places.

If you have questions or would like help or guidance in completing the forms, contact the Illinois Adoption Registry either by e-mail at DPH.Vitals@illinois.gov or by calling the Illinois Department of Public Health Division of Vital Records toll-free at 877-323-5299.

Mail the completed registration to: Illinois Adoption Registry and Medical Information Exchange, Illinois Department of Public Health, Division of Vital Records, 925 East Ridgely Avenue, Springfield, IL 62702-2737.