

Illinois Adoption Registry and Medical Information Exchange (IARMIE) REQUEST FOR A NON-CERTIFIED COPY OF AN ORIGINAL BIRTH CERTIFICATE

l,	, hereby request a non-certified copy of				
(check the appropriate option):				
☐ 1. My original birth c	ertificate. Notary NOT req	uired.			
2. The original birth certificate of my deceased adopted or surrendered parent or grandparent. Notary required/below.					
☐ 3. The original birth of	certificate of my deceased	l adopted or surren	dered spouse. Notary required/be	elow.	
The adopted or aurrend		ha aitu af			
rne adopted or surrende	ered person was born in u	ne city oi		,	
county of	on	,	and the adopted name	e is:	
			Year		
First name		Middle name _			
Last name					
			ir identity not be released:		
_	•	•	·	-4: - ·-	
	inon-certified copy of the pirth parents, who requeste	•	cate from which identifying informa been redacted; or	ation	
☐ b. I do not wish to re	ceive a redacted copy of	the original birth ce	ertificate.		
ID and a check or money or	der made to IDPH for \$15.		py of a non-expired, government issue		
	 you must be registered with need to register, please conta 		viving relative of the deceased adopted 323-5299.	or	
Signature			Date		
Mailing address			City		
maining address					
State	ZIP code				
	Notary required if y	ou checked option 2	or 3 above.		
(Notary Public use only)					
State of		County of			
I. a Notary Public. in and for	the said county, in the state afor	oresaid. do hereby certi	fv that		
	•		same person whose name is subscribed to	o the	
		owledged that (he or sh	ne) signed such request as (his or her) free		
	Given under my hand	and notarial seal on _	·		
		_			

Mail to: Illinois Department of Public Health, Division of Vital Records - IARMIE, 925 E. Ridgely Ave., Springfield, IL 62702-2737