

**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](mailto: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.