

AN ACT concerning civil law.

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

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

(750 ILCS 50/18.06)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"Proof of death" means a death certificate.

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

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

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

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

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

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

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

General Assembly.

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

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

Sec. 18.1. Disclosure of identifying information.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(750 ILCS 50/18.1a)

Sec. 18.1a. Registry matches.

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

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

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

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

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

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

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

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

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

(750 ILCS 50/18.1b)

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

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

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

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

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

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

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

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

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

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

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

(1) Information Exchange Authorization. Adopted or surrendered persons 21 years of age or over who are interested in exchanging identifying and/or medical information or would welcome contact with one or more of their birth relatives; birth siblings 21 years of age or over who were adopted or surrendered and who are interested in exchanging identifying and/or medical information or would welcome contact with an adopted or surrendered person, or one or more of his or her adoptive parents, legal guardians, adult children, adult grandchildren, or a surviving spouse; birth siblings 21 years of age or over who were not surrendered and who have submitted proof of death for any common birth parent who did not file a Denial of Information Exchange or a Birth Parent Preference Form on which Option E was selected prior to his or her death, and who are interested in exchanging identifying and/or medical information or would welcome contact with an adopted or surrendered person, or one or more of his or her adoptive parents, legal guardians, adult children, adult grandchildren, or a surviving spouse; birth aunts and birth uncles 21 years of age or over who have submitted birth certificates for themselves and a deceased birth parent naming at

least one common biological parent as well as proof of death for a deceased birth parent and who are interested in exchanging identifying and/or medical information or would welcome contact with an adopted or surrendered person 21 years of age or over, or one or more of his or her adoptive parents, legal guardians, adult children, adult grandchildren, or a surviving spouse; birth grandparents who have submitted birth certificates for themselves and a deceased birth parent as well as proof of death for a deceased birth parent and who are interested in exchanging identifying and/or medical information or would welcome contact with an adopted or surrendered person 21 years of age or over, or one or more of his or her adoptive parents, legal guardians, adult children, adult grandchildren, or a surviving spouse; adoptive parents or legal guardians of adopted or surrendered persons under the age of 21 who are interested in exchanging identifying and/or medical information or would welcome contact with one or more of the adopted or surrendered person's birth relatives; adoptive parents and legal guardians of deceased adopted or surrendered persons 21 years of age or over who have submitted proof of death for a deceased adopted or surrendered person who did not file a Denial of Information Exchange prior to his or her death and who

are interested in exchanging identifying and/or medical information or would welcome contact with one or more of the adopted or surrendered person's birth relatives; adult children of deceased adopted or surrendered persons who have submitted a birth certificate naming the adopted or surrendered person as their biological parent, and, in the case of adult grandchildren, their birth certificate and a birth certificate naming the adopted or surrendered person as their parent's biological parent, and proof of death for an adopted or surrendered person who did not file a Denial of Information Exchange prior to his or her death; and surviving spouses of deceased adopted or surrendered persons who have submitted a marriage certificate naming an adopted or surrendered person as their deceased wife or husband and proof of death for an adopted or surrendered person who did not file a Denial of Information Exchange prior to his or her death and who are interested in exchanging identifying and/or medical information or would welcome contact with one or more of the adopted or surrendered person's birth relatives may specify with whom they wish to exchange identifying information by filing an Information Exchange Authorization.

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

wish to exchange identifying information or establish contact with one or more of their birth relatives may specify with whom they do not wish to exchange identifying information or do not wish to establish contact by filing a Denial of Information Exchange. Birth relatives other than birth parents who do not wish to establish contact with an adopted or surrendered person or one or more of his or her adoptive parents, legal guardians, or adult children or adult grandchildren may specify with whom they do not wish to exchange identifying information or do not wish to establish contact by filing a Denial of Information Exchange. Birth parents who wish to prohibit the release of their identifying information on the original birth certificate released to an adult adopted or surrendered person who was born after January 1, 1946, or to the surviving adult child, adult grandchild, or surviving spouse of a deceased adopted or surrendered person who was born after January 1, 1946, may do so by filing a Denial with the Registry on or before December 31, 2010. Adoptive parents or legal guardians of adopted or surrendered persons under the age of 21 who do not wish to establish contact with one or more of the adopted or surrendered person's birth relatives may specify with whom they do not wish to exchange identifying information by filing a Denial of

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

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

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

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

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

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

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

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

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

with the Registry.

(ii) Determine if a birth parent named on the original birth certificate has filed a Birth Parent Preference Form. If one of the birth parents named on the original birth certificate filed a Birth Parent Preference Form and selected Option A, B, C, or D, the Registry shall forward to the adult adopted or surrendered person or to the surviving adult child, adult grandchild, or surviving spouse of a deceased adopted or surrendered person a copy of the Birth Parent Preference Form along with an unaltered non-certified copy of his or her original birth certificate. If one of the birth parents named on the original birth certificate filed a Birth Parent Preference Form and selected Option E, and there is no proof of death in the Registry file for the birth parent who filed said Birth Parent Preference Form, the Registry shall inform the requesting adult adopted or surrendered person or the requesting surviving adult child, adult grandchild, or surviving spouse of a deceased adopted or surrendered person that he or she may receive a non-certified copy of the original birth certificate from which identifying information pertaining to the birth parent who completed the

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

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

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

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

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

been released.

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

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

(6) In cases where a birth parent registered with

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

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

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

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

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

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

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

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

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

Sec. 18.2. Forms.

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

BIRTH PARENT REGISTRATION IDENTIFICATION

(Insert all known information)

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

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

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

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

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

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

Name of adoptive parents, if known:

Other identifying information:

.....
(Signature of parent)

.....
(date)

.....
(printed name of parent)

(b) The form of the Adopted Person Registration

Identification shall be substantially as follows:

ADOPTED PERSON

REGISTRATION IDENTIFICATION

(Insert all known information)

I,, state the following:

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

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

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

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

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

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

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

I was adopted through: (name of agency).

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

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

date).

Other identifying information:

.....

(signature of adoptee)

.....

.....

(date)

(printed name of adoptee)

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

SURRENDERED PERSON REGISTRATION
IDENTIFICATION

(Insert all known information)

I,, state the following:

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

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

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

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

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

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

(middle) (last),(race).

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

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

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

Other identifying information:

.....
(signature of surrendered person)

.....
(date) (printed name of person surrendered for adoption)

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

REGISTRATION IDENTIFICATION FORM
FOR SURVIVING RELATIVES OF DECEASED BIRTH PARENTS

(Insert all known information)

I,, state the following:

- Name of deceased birth parent at time of surrender:
- Deceased birth parent's date of birth:
- Deceased birth parent's date of death:

Adopted or surrendered person's name at birth (if known):

.....(first) (middle) (last),(birth date), (city and state of birth), (sex), (race).

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

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

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

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

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

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

.....

(signature of birth parent's surviving relative)

.....

(date)

.....

(printed name of birth parent's surviving relative)

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

REGISTRATION IDENTIFICATION FORM FOR SURVIVING RELATIVES OF DECEASED ADOPTED OR SURRENDERED PERSONS

(Insert all known information)

I,, state the following:

Adopted or surrendered person's name at birth (if known):

(first) (middle) (last),(birth

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

Adopted or surrendered person's date of death:

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

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

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

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

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

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

.....

(signature of adopted or surrendered person's surviving relative)

.....

(date)

.....

(printed name of adopted person's surviving relative)

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

INFORMATION EXCHANGE AUTHORIZATION

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

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

1. Only my name and last known address.

2. A copy of my Illinois Adoption Registry Application.

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

4. A copy of my completed medical questionnaire.

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

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

Dated (insert date).

.....

(signature)

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

DENIAL OF INFORMATION EXCHANGE

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

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

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

Dated (insert date).

.....

(signature)

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

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

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

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

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

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

.....

(Signature/Date)

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

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

.....
.....
.....
.....

(Signature/Date)

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

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

.....

(Signature/Date)

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

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

.....
.....
(Signature/Date)

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

.....
(Signature/Date)

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

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

.....
.....

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

.....
.....

(Signature/Date)

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

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

Non-Identifying Information Section

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

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

My race is best described as:

My height is:

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

My natural hair color is/was:

My eye color is:

My religion is best described as:

My ethnic background is best described as:

My educational level is closest to (circle applicable

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

My occupation is best described as

My hobbies include

My interests include

My talents include

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

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

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

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

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

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

Dated (insert date).

.....

(signature)

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

State of

County of

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

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

.....

(signature)

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

State of.....

County of.....

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

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

.....

(signature)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(9) any birth grandparent

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

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

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

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

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

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

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

(f) (Blank).

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

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

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

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

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

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

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

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

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

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

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

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

occurred or in which the adoption was finalized; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

....."

(k) Sanctions.

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

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

(3) The Department shall fine any confidential

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

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

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

(n) (Blank).

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

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

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

(q) (Blank).

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

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

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

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

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

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

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

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