

Post Adoption Contact and Counseling Services
Illinois Adoption Registry Affidavit

I, _____, have been informed by Sunny Ridge Family Center of the Illinois Adoption Registry and Medical Information Exchange. I understand that before Sunny Ridge Family Center is able to provide Post Adoption Contact Services it is my responsibility to register with the Illinois Adoption Registry. I affirm that I have submitted the required documents to the Illinois Department of Public Health in order to register with the Illinois Adoption Registry.

Adopted Person's Name _____ DOB _____

My Name (if not the Adopted Person) _____

Relationship to Adopted Person _____

Address: _____

Telephone: _____

Signature _____

Date _____

For information on the Illinois Adoption Registry please contact:

Illinois Department of Public Health

Phone: 217-782-4977

www.idph.state.il.us/vital/iladoptreg.htm