



STATE OF ILLINOIS ADOPTION REGISTRY DENIAL OF INFORMATION EXCHANGE

I, _____, state that I am the person who completed the Registration Identification; that I am _____ years of age; that I hereby instruct the Department of Public Health **not** to give any information about me to the following person(s) (check as applicable) birth mother birth father grandparent birth sibling adopted/surrendered person adoptive mother adoptive father legal guardian of an adopted or surrendered person 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; that I do not wish to be contacted.

(Insert your own name, complete mailing address and telephone number or this same information for another person you wish us to contact. This information is for administrative purposes only and will be used to provide written confirmation that this denial has been filed.)

NAME	TELEPHONE NUMBER ()	
STREET ADDRESS		
CITY	STATE	ZIP CODE

Dated _____, _____
(insert date)

APPLICANT'S SIGNATURE

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 Information Exchange Authorization, appeared before me in person and acknowledged that he/she signed such authorization at his/her free and voluntary act and that the statements in such authorization are true.

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

SIGNATURE OF NOTARY