



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

I, _____ (birth mother) (birth father), hereby request a non-certified copy of my birth daughter or birth son's original birth record as it was filed at the time of birth.

The child was born in the city of _____, county of _____,

hospital _____ on _____, _____
Date Year

and the birth name was:

First name _____ Middle name _____

Last name _____

Birth mother's name _____
(as it appeared on the original birth record)

Birth father's name _____
(as it appeared on the original birth record)

Birth mother's date and place of birth _____

Birth father's date and place of birth _____

Adoption agency that facilitated the adoption (name and address) _____

NOTE:

It is required that you submit a copy of a non-expired, government issued photo ID and a check or money order made to IDPH for \$15.

Signature

Date

Mailing address _____ City _____

State _____ ZIP code _____ Daytime Telephone number _____

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