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

I, $\qquad$ (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 $\qquad$ , county of $\qquad$ ,
hospital $\qquad$ on $\qquad$
and the birth name was:
First name $\qquad$ Middle name $\qquad$
Last name $\qquad$
Birth mother's name $\qquad$ .
(as it appeared on the original birth record)
Birth father's name $\qquad$ .
(as it appeared on the original birth record)
Birth mother's date and place of birth $\qquad$ .

Birth father's date and place of birth $\qquad$ .

Adoption agency that facilitated the adoption (name and address) $\qquad$

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 $\qquad$ City $\qquad$
State $\qquad$ ZIP code $\qquad$ Daytime Telephone number $\qquad$

