



## 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