

**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](http://www.idph.state.il.us/vital/iladoptreg.htm)