

**STATE OF ILLINOIS  
ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES  
STATEMENT OF INTENT**

I, \_\_\_\_\_ state that I am the biological \_\_\_\_\_  
mother/father  
of \_\_\_\_\_, date of birth \_\_\_\_\_, and that I signed  
child's name  
surrenders on this child on \_\_\_\_\_, with \_\_\_\_\_.  
date name of agency

I have been informed of the existence of the Adoption Registry and the procedures for recording my name with the Registry.

I understand that any decision I make regarding the sharing of identifying information in the future with the child I surrendered shall be binding unless changed at a later date.

I also understand that that decision I make regarding the sharing of identifying information can be made or changed by me at any future date.

I understand that if sharing of identifying information is to occur that the child must be 21 years old or over or, if between ages 18 to 21, the child must have written consent of both adoptive parents, written consent of a single adoptive parent, proof of death of one or both adoptive parents, or written consent of the guardian of the child.

I understand if I indicate a desire to share identifying information with the child that I shall provide up-to-date information regarding how to communicate with me.

I understand that if I request that no identifying information be revealed to the child I have surrendered, that this will be conveyed to the child and such identifying information shall not be revealed.

\_\_\_\_\_ YES, I desire to have identifying information shared with the child I surrendered at such time as prescribed by the Adoption Act I can be reached at

\_\_\_\_\_ Address

\_\_\_\_\_ Phone

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\_\_\_\_\_ NO, I do not wish to have identifying information revealed.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\_\_\_\_\_ UNDECIDED, I have made no decision at this time regarding the sharing of identifying information by understand that I may do so at any future date.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

WITNESSED BY:

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Title