

# Closed File Information and Search Service

a program of the  
**Illinois Department of Children and Family Services**

*Program delivered by*

Midwest Adoption Center  
 2720 South River Road – Suite 50  
 Des Plaines, Illinois 60018  
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 www.macadopt.org

## Service Request Form

To request service, please complete this form and return it to Midwest Adoption Center at the address above. Please note that your signature on the bottom of the second page of this form must be notarized before we can begin fulfilling your request.

Contact Information			
My name at this time	First name	Middle Initial	Last name
My address	Street address		
	Apartment, PO Box		
	City	State	Zip Code
Phone and e-mail	Work phone number	Home phone number	
	Cellular/Other Phone	E-mail address	
Personal data	Date of Birth	Social Security Number	

Service Being Requested	
I am:	<input type="checkbox"/> An adoptee <input type="checkbox"/> A birth parent <input type="checkbox"/> A birth relative <input type="checkbox"/> An adoptive parent of a minor child <input type="checkbox"/> A former ward of IDCFS (never adopted) <input type="checkbox"/> A guardian <input type="checkbox"/> Other (specify)
I am requesting:	<input type="checkbox"/> Information or documents from my file. Indicate exactly what you hope to receive:
	<input type="checkbox"/> A search to locate someone:
	Name of the person I want to locate
	Date of birth or approximate age of the person I want to locate
	Person's relationship to me

**Additional Information** You can help us find the files we need to provide service to you by giving us as much information as possible. Although you may only have a little information, please take the time to answer as many questions as you can.

Birth Family Information			
Child's Information	Child's name at birth		
	Date of birth	Place of birth	Social Security Number
Birth Mother's Information	Mother's name at the time of child's birth		
	Date of birth	Place of birth	Social Security Number
Birth Father's Information	Father's name at the time of child's birth		
	Date of birth	Place of birth	Social Security Number

Adoptive/Guardianship Placement Information (if applicable)	
Name given to child by adoptive family	
Adoptive/guardianship parents' name(s)	
Adoptive/guardianship parents' address at the time of placement	
How old was the child at the time of placement?	
When was the adoption or guardianship finalized?	
Was a private agency involved in the placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the name of the agency?
Do you have information or documents confirming that the Illinois Department of Children and Family Services handled this placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No If possible, attach a copy of these documents. (Remember that IDCFS was not formed until 1964)

Notarized Signature	
<p><b>VERY IMPORTANT!</b>            You must sign this form in front of a Notary Public. If you send us the form without your notarized signature, we will have to return it to you.</p> <p><i>A notary can be found in many banks or currency exchanges. The usual fee is \$1.00. If it is impossible for you to sign this form in the presence of a notary, please call us so that other arrangements can be made.</i></p>	<p>The undersigned certifies that the statements set forth in this document are true and correct to the best of his or her knowledge.</p> <p>This document is signed this _____ day of _____, 20____</p> <p style="text-align: center;">(Seal)</p> <p>_____            Your Signature</p> <p>_____            Notary Signature</p>