



## APPLICATION FOR SEARCH OF MEDICAL HISTORY INFORMATION FOR ADOPTEE

State Form 47261 (R4 / 11-14)

Approved by State Board of Accounts, 2014

INDIANA STATE DEPARTMENT OF HEALTH

The **INDIANA ADOPTION MEDICAL HISTORY REGISTRY** was established on January 1, 1986. This Registry is the central repository for the storage and release of medical information. This information falls into two separate types depending on when the adoption occurred. All new petitions for adoption filed in any Indiana court **after January 1, 1986** must include a Comprehensive Medical Report. This report reflects the health status and medical history of the adoptee and the adoptee's birth parents, but contains no identifying information. For adoptions that occurred **PRIOR to January 1, 1986**, there may be medical information submitted by the biological parent or pre-adoptee sibling. Many register with the Adoption History Program and submit medical information. If you were adopted prior to January 1, 1986, it is unlikely that the Indiana State Department of Health will be able to obtain medical history. Therefore, you may want to consider registering with the Adoption History Program, using State Form 13342.

**Instructions:** Complete and send this application(s) along with a \$25.00 check or money order per application payable to the Indiana State department of Health. Also include a copy of your valid government, state, or military identification and mail to: Vital Records, Indiana State Department of Health, P O Box 7125, Indianapolis, IN 46206-7125. **IDENTIFICATION IS REQUIRED according to IC 16-37-1-7. Request for Medical History Information for Adoptee application (s) sent without proper identification will be returned to the requester without processing. (If your identification does not match your address provided below your request will NOT be processed).**

**Please search the files of the Registry and available sources and let me know if medical information has been filed for:**

Full Name (After adoption)	
Date of Birth (month, day, year)	
Full Name of Adoptive Parent 1	
Full Name of Adoption Parent 2	
Place of Birth (City)	Place of Birth (County)
Please State Your <b>Relationship</b> to this Person	

"I affirm, under the penalties for perjury, that all representations on this application are true".

Printed Name
Signature
Address (Number and Street, City, State, and ZIP Code)
Daytime Telephone Number (     )

**\*\*\* Please allow 30 days for the processing of this request. \*\*\***

If no medical information can be retrieved, register with the Adoption History Program, using State Form 13342 – Indiana Adoption History Registry. This form can be downloaded from [www.in.gov/isdh](http://www.in.gov/isdh)