



MUTUAL CONSENT REGISTRY APPLICATION
Adult Adoptee

Please provide the following information to apply for registration through the Catholic Social Services Mutual Consent Adoption Registry:

Current Name: _____
First Middle Last

Current Mailing Address: _____
Street Address
City State Zip Code

Home Phone: _____ Work Phone: _____ Email: _____

Full name as it appears on your final adoption decree: _____

Any other name or alias by which you have been known:

Your original name (if known) _____

Date of birth _____ Current Age _____ Place of birth _____

Social Security Number _____ (While the provision of your social security number is helpful in processing your application, you are not legally obligated to provide it, nor is the provision of your social security number required to complete this registration.)

Please indicate the address to which you wish notification of a match to be mailed if different than above:

Name _____

Street Address _____

City _____ State _____ Zip Code _____

- By joining this registry, I hereby authorize Catholic Social Services to contact me at any future time at which it receives a request through the **Catholic Social Services Mutual Consent Adoption Registry** from my birthparent(s) for identifying information about me or contact with me.
- I understand the nature of any such contact by Catholic Social Services will be to determine whether I then desire to release identifying information or to have contact with my birthparent(s).
- I understand this signed statement does not provide assurance that future contact will actually occur.
- I understand it is my obligation to keep Catholic Social Services informed as to my whereabouts.
- I understand I have the option of making this registration effective for a period of 99 years or for a shorter period of time. I make it effective for _____.
- I agree to inform Catholic Social Services in writing if I change my mind and wish to withdraw this authorization statement.

- 1) I wish to be notified if there has been a registration by a biological sibling (full or half) through this registry. YES NO
- 2) I consent to disclosure of identifying information about myself to my birth relative in the event of my death. YES NO

SIGNATURE (Current name as it appears on identification submitted.)

SWORN TO, SUBSCRIBED and ACKNOWLEDGED before me on this _____ day of

_____ 20_____.

 Notary Public

State of _____

⌘ This form must be submitted with copies of two types of proof of identity, one of which must be photo identification.

⌘ To comply with requirements of the registry, please attach the Verification of Post Adoption Counseling form if you have not received counseling through Catholic Social Services.