



MUTUAL CONSENT REGISTRY APPLICATION
Birth Parent

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 relinquishment or waiver: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Information on adoptee: (Please fill out a separate form for each child on whom you relinquished parental rights)

Original name of adoptee: \_\_\_\_\_

Adoptive name (if known) of adoptee to whom this application applies: \_\_\_\_\_

Date of adoptee's birth: \_\_\_\_\_ (Give approximate date if actual date not known)

Name of adoptee's other birth parent: \_\_\_\_\_

Last known address of adoptee's other birth parent: \_\_\_\_\_

Street Address

City, State, Zip Code

Phone number

Other available information through which the other birth parent may be identified: \_\_\_\_\_

\_\_\_\_\_

Please provide the following information of all your other birth children:

Current Name	Maiden/Other Names Used	Date of Birth	Place of Birth	Other Parent's Name

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 birth child 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 birth child.
- 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.

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.