

5. Name and address of adoptive parents (include name even if deceased).

Parent 1 _____
 Last First Middle Maiden

Parent 2 _____
 Last First Middle

_____ Mailing address _____ Zip code

6. Siblings and/or 2nd degree relatives with whom you would like to be in contact.

Name and Relationship	Date of Birth	Last Known Address (include zip code)
1.		
2.		
3.		
4.		
5.		

7. Provide any other information you feel will be helpful in processing this application (use page 4 if additional space is necessary)

C. 1. Name and address of birth mother

_____ Last First Middle Maiden

_____ Mailing address _____ Zip code _____ () Phone

2. Name and address of birth father

_____ Last First Middle

_____ Mailing address _____ Zip code _____ () Phone

3. Name(s) given to child(ren) at birth with whom you would like to be in contact.

Name	Date of Birth	Birthplace Hospital/City/State	Date Released For Adoption
1.			
2.			
3.			
4.			
5.			

4. Provide any other information you feel would be helpful in processing this application. (Use page 4 if necessary)

D. COUNSELING STATEMENT (To be completed by counselor for persons who are registering to receive identifying information only)

I hereby confirm that _____
Name of Registrant

of _____
Address

_____ completed a one hour counseling session on _____ as
Date of Birth Date

required for registration with the Mutual Consent Voluntary Adoption Registry of the State of Arkansas.

Signature of Counselor Title Date

Agency name Agency address

Phone Number License Number Effective Date

E. IDENTIFICATION AND NOTARIZATION OF AFFIDAVIT/REGISTRATION (ALL REGISTRANTS MUST COMPLETE SECTION E.)

State of _____)

County of _____)

I _____ solemnly attest that all of the information provided on this affidavit
Name of Registrant

Is true and accurate to the best of my knowledge under the penalty of perjury. I have provided proof of identification to the notary public whose signature appears below.

Signature of Registrant
(Signature must be notarized)

SWORN TO BEFORE ME THIS

_____ day of _____ 20__

mailing address of registrant

Notary Public

My commission expires _____

**NOTARY
SEAL**

Space for Additional Comments