

MUTUAL CONSENT VOLUNTARY ADOPTION REGISTRY

COMPLETE APPROPRIATE SECTIONS OF THIS AFFIDAVIT AND RETURN WITH THE

REQUIRED FEE TO: Arkansas Department of Human Services
Division of Children and Family Services
ADOPTION REGISTRY
P.O. Box 1437, Slot S565
Little Rock, AR 72203-1437

REGISTRY NUMBER OFFICIAL USE ONLY
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For this registration, please indicate if you are the:

- Adoptee:** (must be 18 years old to register to receive non-identifying information; must be 21 years old to receive identifying information) Complete sections A., B., D* and E.
- Adoptive parent:** (can receive non-identifying information only) Complete sections A., B. through question 5., and E.
- Relative(s) of the adoptee within the 2nd degree:** (biological grandparent, aunt, uncle, cousin or sibling can receive identifying information only; complete all sections)
- Birth parent of adoptee:** (complete sections A, C, D* and E)

Specify relationship to adoptee _____

NOTE: Persons registering to receive non-identifying information only, do not complete. This registration will be accepted only if the adoptee was or may have been placed for adoption by the State of Arkansas. Registration must be renewed every ten (10) years. No identifying information will be released until the adoptee is at least 21 years old. Registration may be withdrawn (in writing) at any time.

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- A.**
- | | |
|--|---|
| <p>1. Please indicate if this registration is for:
(both may be checked)</p> <ul style="list-style-type: none"><input type="checkbox"/> Non-identifying information (health, genetic and Social history of adoptee) (\$5.00)<input type="checkbox"/> Placement on Registry for <u>Mutual Matching</u> (\$20.00) <p>2. Please indicate whom you wish to be identified to:</p> <ul style="list-style-type: none"><input type="checkbox"/> Adoptee<input type="checkbox"/> Sibling(s) and/or other relative(s) within the 2nd degree.<input type="checkbox"/> Birth parent(s) (Specify) _____ | <p>3. FEE: Money order or cashiers check only.
NO CASH OR PERSONAL CHECKS.</p> <p>4. Registration is voluntary.
The Registry will not contact persons eligible to register in order to facilitate registration.</p> <p>5. Change of address or name.
Registrants are responsible for notifying the Agency of any change of address or name. The agency has no duty to search for registrants who haven't notified the agency.</p> |
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B. 1. Name and address of adoptee

Last	First	Middle	Maiden
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Birth name	Other names known by
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Mailing address	Zip code	(____) _____ Phone number
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2. Date of birth of adoptee _____

Month / Day / Year	Race / Sex
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3. Place of birth of adoptee (if known)

Hospital (if not hospital, give street address)

City, town or village	County	State	Zip code
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4. Indicate the name of the county and court of adoption (if known)

A. _____

Name of county	Address	Zip code
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B. _____

Name of court	Date of adoptive placement – Month / Day / Year
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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 or adoptions staff 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 or Adoptions Staff Title Date

Agency name Agency address

Phone Number Signature of Registrant 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