



# Voluntary Adoption Registry Affidavit For Identifying Information

**FOR AGENCY USE**

**Please complete the following questions. Please indicate if an answer is "Unknown."**

Name of Person Registering:	Home Phone:
Address:	Work Phone:
City, State, Zip:	Date of Birth:
<b>Person requesting information is:</b> <input type="checkbox"/> Adoptee – 18 or over <input type="checkbox"/> Birth parent <input type="checkbox"/> Adoptive parent of deceased adoptee <input type="checkbox"/> Putative father <input type="checkbox"/> Adult genetic brother or sister of adoptee <input type="checkbox"/> Adult brother or sister of deceased birth parent <input type="checkbox"/> Parent of deceased birth parent <input type="checkbox"/> Government agency/Tribal verification, when requested by adoptee <input type="checkbox"/> International Adoption, record requested by adoptee	

### Information about the Adoptee:

Birth name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Adoptive name:	Birth mother's name:
Current name:	Adoptive parent's names:
Date of birth:	Birthplace:
Adoptive placing agency, if known:	

### Information About Adoptee's Birth Parent(s):

Mother's name:	Father's name:
Mother's name at time of adoption:	

I hereby authorize the Department of Human Services to identify me to any and all who register with the Department of Human Services Voluntary Adoption Registry and who are authorized to know my identity. I have attached a copy of my birth certificate.

\_\_\_\_\_  
**Signature of Person Registering**

I make this affidavit for the purposes of registering, pursuant to ORS 109.460, in the Department of Human Services Voluntary Adoption Registry, and obtaining the identifying information available to me from the Registry pursuant to ORS 109.460 to 109.490.

Subscribed, sworn to and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC – STATE OF OREGON**

My Commission Expires: \_\_\_\_\_

**Please enclose a copy of your birth certificate. A fee of \$25.00, payable by a check or money order to the Department of Human Services, must be included with this registration.**

THIS FORM IS AVAILABLE IN ALTERNATE FORMAT UPON REQUEST