Date Received_____

FOR OFFICE USE ONLY

File #_____
Match File #_____
Birth Certificate #_____

IDAHO VOLUNTARY ADOPTION REGISTRY
REGISTRATION AND CONSENT FOR RELEASE OF IDENTIFYING INFORMATION
IDAHO DEPARTMENT OF HEALTH AND WELFARE

YOUR INFORMA TION:

I am a(n) (please check one)
____**birth (biological) parent**
____**adult adoptee (18 years of age or older)**
____**adult biological sibling of an adoptee:** sister____ brother____. *Attach a certified copy of your birth certificate or other proof of your relationship to the adoptee.
____**relative of a deceased adoptee; relationship to adoptee:**_____. *Attach a certified copy of deceased adopted child's death certificate and proof of your relationship to the adopted child, e.g., marriage license, birth certificate, etc.
____**relative of a deceased birth parent; related to: mother**____ father____. *Attach a certified copy of the deceased birth parent's death certificate and proof of your relationship to the birth parent, e.g., marriage license, birth certificate, etc.

ADOPTED CHILD'S INFORMATION:

Adopted child's full name at birth (if known)_____
first middle last
Birth date_____ Sex_____ City or county of birth_____
Hospital or institution of birth_____ Attendant at birth_____
Biological mother's maiden name as it appears on the adopted child's *original* birth certificate (if known)
_____
Biological father's name as it appears on the adopted child's *original* birth certificate (if known)
_____
Adopted child's full name after the adoption (if known)
_____
first middle last
Adoptive father's name (if known)_____
Adoptive mother's full maiden name (if known)_____

INFORMATION TO BE COMPLETED BY ALL APPLICANTS:

In the event a match occurs, the State Registrar shall notify each party by certified mail prior to the exchange of the information and give each party an opportunity to withdraw.

1. If no withdrawal is requested in writing, then information can be exchanged. If the Registrar is unable to notify you, do you wish the identifying information to be released to the other party? Please check one: _Yes_No
2. In the event of your death, it is imperative that we be notified. Please designate a person to notify Vital Statistics of your death. If a match occurs after your death, do you wish any identifying information about yourself to be released? (Identifying information would be your name, address, and telephone number as listed in the registry). Please check one: ___Yes___No
3. If we have any questions about your responses on this form or need additional information, we may need to contact you. Please list the name, address, and telephone number of a person through whom you can always be reached:
_____
_____
_____

I hereby authorize that my name, address, and telephone number may be released under the conditions stated above if all necessary consent forms have been filed:

Signature_____
Typed or printed name_____
Street address_____
City_____State_____Zip code_____
Telephone number including area code_____
Date signed_____

Subscribed and sworn before me this _____day of _____
Notary Public _____
My Commission expires_____ Residing at _____
Seal

SAMPLE

VOLUNTARY ADOPTION REGISTRY

The Idaho Voluntary Adoption Registry is a confidential cross-reference file of people who are or were the principal parties in an adoption. Certain close relatives also may be included. All persons who have filed with the Registry have indicated their wish to make their identities known to other parties involved in the adoption.

Legal authority
Adoption records are confidential; however, the Legislature has authorized the Registry to bring people together if there is mutual interest in such contact. Section 39-259A, Idaho Code, requires the State Registrar of Vital Statistics to maintain an Adoption Registry for use on a voluntary basis.

How does it work?
Those eligible to register provide identifying information, such as current name, address, and telephone number, and authorize its release. The Registry will match individuals who have I authorized release of information to one another and disclose the information accordingly.

Who is eligible to register?
Adoptees who were born in Idaho and are 18 years of age or older, natural parents, and natural siblings may file identifying information. In addition, adoptive parents or grandparents of a deceased adult adoptee, and parents or grandparents of a deceased natural parent, also may register for a possible match. When filing information, applicants must specify to whom they wish to release the information.

Will any information be released if just one party registers?
No information will be released unless two qualified individuals have registered their identifying information and both have authorized its release to one another. Individuals who are eligible may register at any time. No one is required to register, and anyone may withdraw from the Registry at any time by written notice to the Registry. The law requires a search for both parents if both are listed on the original birth certificate.

Release of information
Before identifying information is released, the Registry requires individuals to provide proof of identity and their relationship to the adoptee. Examples of documents which may be required include: sworn statements, court decrees or judgments, copies of birth certificates, marriage licenses, driver's licenses, school records, voter registration cards, Social Security cards, original applications, or other evidence as may be required by the State Registrar of Vital Statistics. These documents are not required at the time of registration; registrants will be advised when documentation is required.

Counseling services
Adoptees, natural parents, and others eligible to use the Registry may wish to receive counseling services on the pros and cons of establishing contact with one another. A list of agencies that provide services on a fee basis may be obtained at no cost from the Voluntary Adoption Registry.

How does one register?
Complete both the front and back of this form according to the instructions given, sign in front of a notary public, and mail to the address provided.

Is there a fee?
An initial filing fee of $10 is required and must be submitted with the application form. No information will be filed without the notarized application form and the fee.

What about changes?
The information registered maybe updated, changed, or withdrawn at any time. An update form, available from the address provided, is required to submit changes.

Does the Registry provide non-identifying information, such as medical or social background information?
The Voluntary Adoption Registry does not provide non-identifying information. People seeking this type of information should contact the person or agency that handled the adoption.

Note:
- **This registration can be accepted only if adoptee was born in Idaho.**
- **Fee must be included with the application.**
- **Signature must be notarized.**
- **Fill out this form as completely as possible in respect to the adoptee.**
- **Please print in black or blue ink only.**

Mail this form directly to:
Voluntary Adoption Registry
Idaho Department of Health and Welfare
Bureau of Vital Statistics
450 W. State St. First Floor
P.O. Box 83720
Boise, Idaho 83720-0036
208-334-5990

Fee charged for registration:
$10.00
Please make check or money order payable to:
Vital Statistics

HWH-0600
(rev.10/24/03)

RETAIN A COPY FOR YOUR RECORDS

SAMPLE