

Affidavit for Release of Identifying Information

Other formats and languages

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Adoption Registry at adoption.registry@odhsoha.oregon.gov or 541-632-2264 (voice/text). We accept all relay calls.

VOLUNTARY ADOPTION REGISTRY USE ONLY

Along with this notarized form, please send:

1. Copy of your birth certificate
2. \$25 check or money order made payable to: **ODHS Adoption Registry**
3. If the name listed on your birth certificate is different from your current legal name, please provide documentation of name change.

Registrant contact information:

Name: _____

Address: _____ City, state, zip: _____

Phone: _____ Alternative phone: _____

Email address: _____ Date of birth: _____

You are:

Adoptee – 18 or over

Parent or guardian of minor adoptee

Birth parent

Parent or guardian of deceased adoptee

Adult genetic brother or sister of adoptee

Sibling of deceased birth parent

Putative (alleged) father

Parent of deceased birth parent

Parent or guardian of minor sibling

Adoptee requesting Tribal/government verification: _____

Mailing address: _____

Fill in as much information as you can below:

Birth name: _____ Date of birth: _____

Gender assigned at birth: Male Female

Adoptive name: _____ Birthplace: _____

Adoptive parent's name: _____

Birth mother's name at time of adoption: _____

Birth father: _____

Signatures

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 109.455 to 109.495.

Signed and sworn to before me on _____ by _____

Signature of notary public

NOTARY PUBLIC - STATE OF _____

County of: _____

My commission expires: _____

With this notarized registration form, send a copy of your birth certificate and \$25.00 (check or money order) to
ODHS Adoption Registry/Search, 500 Summer St NE, E71, Salem, OR 97301
If you have questions, contact the Adoption Registry at 541-632-2264 or
email: adoption.registry@odhsoha.oregon.gov