



APPLICATION FOR ADOPTION REGISTRY SERVICES

INSTRUCTIONS: Complete this form to register identifying information with the Florida Adoption Reunion Registry. A copy of your driver's license or birth certificate must be attached. Information will be released to parties you have listed in Section D if both parties have registered. Section E should only be completed to make updates to your initial application. Print or type all information, leaving blank questions you cannot answer. Sign and date Section F.

SECTION A: APPLICANT'S IDENTITY

APPLICANT'S PRESENT NAME (FIRST, MIDDLE, LAST)		CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)	
OTHER NAMES KNOWN AS:			
RELATIONSHIP TO ADOPTEE	DATE AND PLACE OF BIRTH (CITY, COUNTY, STATE)	TELEPHONE NUMBER(S) (Home) (Work)	

SECTION B: STATUS OF ADOPTEE AT BIRTH (Furnish all known information)

CHILD'S NAME AT BIRTH (FIRST, MIDDLE, LAST)		NUMBER IN UPPER RIGHT-HAND CORNER OF CHILD'S ORIGINAL BIRTH CERTIFICATE	
CHILD'S DATE OF BIRTH	SEX	MAIDEN NAME OR NAME USED BY NATURAL MOTHER AT BIRTH OF CHILD (FIRST, MIDDLE, LAST)	
PLACE OF BIRTH (CITY, COUNTY, STATE)		NAME OF NATURAL FATHER (FIRST, MIDDLE, LAST)	

SECTION C: STATUS OF ADOPTEE AFTER ADOPTION (Furnish all known information)

CHILD'S NAME AFTER ADOPTION (FIRST, MIDDLE, LAST)		NAME OF ADOPTIVE FATHER AS NAMED ON DECREE (FIRST, MIDDLE, LAST)	
NUMBER IN UPPER RIGHT-HAND CORNER OF CHILD'S BIRTH CERTIFICATE		NAME OF ADOPTIVE MOTHER AS NAMED ON DECREE (FIRST, MIDDLE, LAST)	

SECTION D: CONSENT TO RELEASE IDENTIFYING INFORMATION

Florida Statute 63.165 permits disclosure of information to: adoptees, adoptive parents, birth parents, birth siblings, and birth maternal and paternal grandparents. Accordingly, I hereby consent to disclosure of this identifying information, upon verification of identity and relationship, to the following person(s) herein identified by their relationship(s) to the adoptee:

(Please list)

THIS SECTION MUST BE COMPLETED WHEN UPDATING THE APPLICATION.

I would like to receive identifying information for any individual listed above. YES NO

SECTION E: INFORMATION TO BE UPDATED (Complete only sections requiring updating)

Please specify type of information to be updated by checking the appropriate category:

- | | |
|---|--|
| <input type="checkbox"/> Withdraw all information from Registry | <input type="checkbox"/> Change of applicant's name |
| <input type="checkbox"/> Update list of persons authorized to receive information | <input type="checkbox"/> Change of applicant's address |
| <input type="checkbox"/> Change of applicant's telephone number | <input type="checkbox"/> Other (please specify): |

APPLICANT'S NAME	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
TELEPHONE NUMBER(S) (Home) (Work)	

SECTION F: AGENT'S IDENTITY

Complete only if agent is used and enclose a witnessed statement of authority from principal.

AGENT'S NAME	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
TELEPHONE NUMBER	

SECTION G: RESPONSIBILITY OF APPLICANT

PRIVACY ACT STATEMENT

You are not required to provide us social security number(s), however, if you give us your social security number(s) we can determine your eligibility for assistance or services faster and more accurately. Social security numbers are used by the Department for identity verification related to administration of our programs.

I understand the importance of providing complete information and attest that the information provided above is accurate to the best of my knowledge. I understand in accordance with Section 837.06, Florida Statutes, that making false statements in writing with the intent to mislead a public servant in the performance of his official duty is a misdemeanor of the second degree.

I also understand identifying information filed with the Adoption Registry will be disclosed in accordance with the consent of those duly registered, upon verification of their identity. Adoptees applying for the Adoption Reunion Registry will receive a letter containing non-identifying information.

Signature of applicant _____ Date signed _____