



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. 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:	SOCIAL SECURITY NUMBER		
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

BY MY SIGNATURE BELOW, I hereby consent to disclosure by the Florida Adoption Reunion Registry of the information which I have provided in Section A of this application, to the following person(s), upon verification of identity and relationship, listed by their relationship to the adoptee (for example: ADOPTEE, BIRTH PARENTS, etc.):

LIST PERSONS YOU WANT INFORMATION GIVEN TO:

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

SECTION E: 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 F: 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. I acknowledge responsibility for notifying the Registry to expand, restrict, withdraw, or update this information, including changes of name, address, and telephone number by submitting form CF 1491.

Signature of applicant _____ Date signed _____