



## REQUEST FOR NON-IDENTIFYING INFORMATION

*I hereby request that Boys & Girls Aid Society provide me with non-identifying Genetic, Health and Social History information of relevant persons.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**Please complete the following questions.** (If an answer is not known, indicate “unknown.” Please print.)

Name of Person requesting this information \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

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**Person requesting this information is (please check one):**

- \_\_\_\_\_ Adoptee, age 18 or over
- \_\_\_\_\_ Birth Parent
- \_\_\_\_\_ Adoptive Parent or Guardian of Adoptee
- \_\_\_\_\_ Child or Descendant age 18 or over, of the Adoptee
- \_\_\_\_\_ Spouse of Deceased Adoptee (If spouse is also birth parent of adoptee’s child)
- \_\_\_\_\_ Guardian of a Child of a Deceased Adoptee

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### Information About Adopted Person:

Birth Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Adoptive Name \_\_\_\_\_ Birth Place \_\_\_\_\_

Current Name \_\_\_\_\_

Adoptive Parents’ Names \_\_\_\_\_

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### Information about Birth Parent(s) of Adopted Person:

Birth Mother’s Name \_\_\_\_\_

Birth Mother’s Maiden Name \_\_\_\_\_

Birth Father’s Name \_\_\_\_\_

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**Enclose a copy of your birth certificate**, a fee of \$100.00 payable by check or money order to Boys & Girls Aid Society and mail to Boys & Girls Aid - M/S #27 - PO Box 5700 - Portland, OR 97228-5700. This fee is set by state law and helps with the agency’s costs to review the file (which takes two to three hours), prepare the information and have it typed.