



FILE #: _____

VOLUNTARY ADOPTION REGISTRY

AFFIDAVIT FOR IDENTIFYING INFORMATION

Please complete the following questions. If an answer is not known indicate "unknown".

Name of Person Registering: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Email: _____

Person Registering is (please check one):

_____ Adult Adoptee Date of Birth: _____

_____ Birth Parent

_____ Adoptive Parent of Deceased Adoptee

_____ Adult Genetic Brother or Sister of Adoptee

_____ Adult Brother or Sister of Deceased Birth Parent

_____ Parent of Deceased Birth Parent

_____ Other (please identify relationship) _____

Information about the Adoptee:

Birth Name: _____ Date of Birth: _____

Adoptive Name: _____

Current Name: _____

Names of Adoptive Parents: _____

Information about Adoptee's birthparent(s):

Birthmother's Name: _____

Birthmother's Name at time of adoption: _____

Birthfather's Name: _____

I am making this affidavit for the purposes of registering, pursuant to ORS 109.460, in Boys and Girls Aid's Voluntary Adoption Registry, and obtaining the indentifying information available to me from the Registry. I have attached a copy of my birth certificate.

I hereby authorize Boys and Girls Aid to provide identifying information to any and all who register with Boys and Girls Aid Registry and who are authorized to receive my identity.

Signature of Person Registering

Subscribed, sworn to and acknowledged before me this _____ day of _____, 20_____.

(SEAL)

NOTARY PUBLIC

My Commission Expires: _____

Please enclose a copy of your birth certificate and a fee of \$45.00 payable by check or money order to The Boys & Girls Aid Society of Oregon.

THIS FORM MUST BE NOTARIZED

Return to: Boys & Girls Aid - M/S #27 - PO Box 5700 - Portland, OR 97228-5700