

**VOLUNTARY ADOPTION REGISTRATION
ADOPTEE AFFIDAVIT**

I, _____, acknowledge and say the following:

1. That I was born on _____ at _____; and placed in adoption by Catholic Charities, Catholic Services, or Catholic Community Services.
2. That the names of my adoptive parents are _____; and I was named _____.
3. That a copy of my birth certificate is attached to this affidavit.
4. That I request to be contacted should an authorized party (birth parents, genetic siblings, sibling of deceased birth parent or parent of a deceased birth parent) voluntarily register a request to meet me.
5. My current address is: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
E-mail Address: _____
6. That I understand that I must notify the agency of any future change of my name, address, and phone number.
7. That I am aware of the fact that I may cancel this registration at any time by giving the agency written notice.

Signed: _____ Dated: _____

**Please attach a copy of your birth certificate and a fee of \$25.00 payable by
check or money order to Catholic Charities.**

STATE OF _____)
COUNTY OF _____)

Signed and acknowledged on this _____ day of _____, _____.

Notary Public _____
My Commission Expires: _____