

**VOLUNTARY ADOPTION REGISTRY
BIRTH PARENT AFFIDAVIT**

- I, _____, acknowledge and say the following:
1. That I am the birthparent of _____ born on _____ and surrendered to Catholic Charities, Catholic Services, or Catholic Community Services for the purpose of adoption.
 2. My name at the time of the adoption was _____.
 3. That a copy of my birth certificate is attached to this affidavit.
 4. That I request to be contacted should the above-named child, or other authorized party (Adoptive parent of deceased adoptee or adult genetic sibling of adoptee), having arrived at the age of 18 years, voluntarily registers a request to meet me;
 5. That 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: _____