

# APPLICATION FOR ADOPTION REGISTRY - ADOPTEE

Name \_\_\_\_\_  
Last First Maiden

Date of Birth \_\_\_\_\_ Phone No. \_\_\_\_\_  
Home Work

Place of Birth \_\_\_\_\_ Sex: F \_\_\_\_\_ or M \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Mailing Address \_\_\_\_\_  
(If different) Street City State Zip

Adoptive Parents' Names \_\_\_\_\_

Agency that handled adoption \_\_\_\_\_  
(If known) Name and Location

I am interested in obtaining information about my biological parent(s) and/or siblings. I understand that I cannot receive any information unless my parent(s) also complete(s) an Application for Adoption Registry.

I understand that I may withdraw this application at any time by notifying the Adoption Registry in writing. I understand that if I withdraw my application, my parent(s) and/or siblings will not be able to obtain information about me.

I will notify the Adoption Registry of my whereabouts in the instance I should move, and as I provide new information to the Registry, I authorize the Division of Child and Family Services to change this form as requested.

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

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 19 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

When completed send to the Adoption Registry, Division of Child and Family Services, 711 E. Fifth Street, Carson City, Nevada 89710-1002

Official Use Only \_\_\_\_\_