

APPLICATION FOR ADOPTION REGISTRY - PARENT

Name _____
Last First Maiden

Date of Birth _____ Phone No. _____
Home Work

Home Address _____
Street City State Zip

Mailing Address _____
(If different) Street City State Zip

Agency that handled adoption _____
(If known) Name and Location

Child who was adopted - Name _____ Sex: F ___ or M ___

Date of Birth _____ Place of Birth _____

I am interested in obtaining information about my child who was adopted. I understand that I cannot receive any information unless my child also completes an application for Adoption Registry. I understand that my child cannot complete the application until he or she is eighteen years old.

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 child 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

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