



The Adoption Contact Register

Registration form



PLEASE COMPLETE AS MUCH OF THIS FORM AS YOU CAN. WRITE AS CLEARLY AS POSSIBLE USING CAPITAL LETTERS. After completing the form, check that you have included everything that is requested. The address to send the form and documents is at the end of this form.

1. Your personal details

Mr/Mrs/Ms/Miss/Other _____ Male Female (Please circle)

Forenames _____

Surname _____

Address _____

Post Code _____ Telephone Number _____ Date of Birth _____

Email Address _____

Maiden Name _____

Alternative Contact Name and Address should you not wish to receive correspondence at the above address (This may be your local social worker, Counsellor or a friend)

Name _____ Telephone _____

Address _____

2. If you are an adopted person, complete this section

Name on original birth certificate _____

Place of Birth
(Including Hospital/Home if known) _____

Birth Mother: Name _____

Address _____

Birth Father: Name _____

Address _____

Adoption Agency which placed you _____

Date of Adoption Order _____

Name of Court _____

3. If you are a birth parent, complete this section

Birthmother's name at time of adoption _____

Child's full name on original birth certificate _____ Child's date of birth _____

Child's place of birth (including Hospital/Home if known) _____ Male Female (Please circle)

Adoption Agency that placed your child _____

4. If you are an adoptive parent complete this section

Child's name on original birth certificate _____ Date of birth _____

Place of birth _____

Adoption Agency which placed your child _____

Name and address at time of adoption: _____

Has the child been informed of this registration? Yes No (Please circle)

5. If you are a relative of an adopted person (brother, sister, cousin, grandparent etc.) complete this section

Child's name on original birth certificate _____ Date of birth _____
Place of birth _____
(Including Hospital/Home if known) _____
Birth Mother: _____
Name and address at time of adoption: _____
Birth Father: _____
Adoption Agency which placed child _____
Your relationship to adopted person _____

6. Do you have a wish for contact?

Yes No Not sure

7. Would you want Birthlink to inform you if any registration is made by another person concerning you?

Yes No

8. Your signature.

I wish the information that I have given be placed on the Adoption Contact Register for Scotland. I understand that the Register is confidential and that it is registered under the United Kingdom's Data Protection Act 1984.

Signed _____ Date _____

Is it all right for you to receive calls from Birthlink staff? YES NO (Please circle)

9. What Now?

After completing and signing your registration form please return the form along with **two** of the following documents in order to show proof of identity. Photocopies of these will be taken and retained on file. The originals will be returned to you along with confirmation of your registration.

1. Birth Certificate. 2. Adoption Certificate. 3. Marriage Certificate. 4. A letter with an official heading e.g. Council, Electricity, Medical Card.

Please note that when a match occurs you will be asked for a contribution towards the costs of mediation and support.

10. Check List Before returning your form use this checklist to make sure you have included everything.

1. The completed and signed registration form.
2. Two forms of identification and a Stamped Addressed Envelope.
3. The payment of £20.00 by cash/cheque or credit card. If you are unable to make this payment it is essential that you send proof of benefit received.

Return this form along with documentation and payment to:

Birthlink
21 Castle Street Edinburgh EH2 3DN
Tel: 0131 225 6441
email: mail@birthlink.org.uk

FOR OFFICE USE ONLY

Date received
A.C.R. number
Number of Agency's record
Date of Birthlink Link

Date registered
SAR: date checked
Film Fiche
ACR/SRCH/CP/MED

Date confirmation sent
Name of Adoption Agency
Corresponding No.