

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Message ok? Yes No

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred contact method: Phone Secure email Mail

**Voluntary Mutual Consent Registry - \$25.00**

You are eligible to register if you are:

- Adult Adoptee - 18 or over
- Birth Parent
- Putative (alleged) father
- Adult genetic sibling of adoptee
- Parent or sibling of deceased birth parent
- Adoptive Parent of deceased adoptee
- Progeny of a deceased adoptee
- Adult progeny of a deceased adoptee, a deceased genetic sibling or a deceased birth parent

**Non-Identifying Information - \$45.00**

You are eligible for non-identifying information if you are a:

- Adult Adoptee - 18 or over
- Birth Parent
- Progeny of a deceased adoptee
- Spouse of deceased adoptee (only if spouse is birth parent or guardian of any child of adoptee)

**Government agency or Tribal Verification**

- I am an adoptee requesting identifying information to be disclosed to a government agency or Indian Tribe to establish eligibility. This information is to be released to: \_\_\_\_\_

**Fill in as much information as you can:****Adoptee Information**

Birth name: \_\_\_\_\_

Adoptive name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: Male Female

Birth Place: \_\_\_\_\_

**Adoptive Parent Information**

Adoptive parent's name: \_\_\_\_\_

**Birth Parent Information**

Mother's name (at time of adoption): \_\_\_\_\_

Mother's current name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Please check the appropriate box(es), date and sign (*in the presence of a notary*)

For Registration: I hereby authorize Trillium Family Services/Waverly Children's Home to identify me and all who register with the Voluntary Adoption Registry and who are authorized to know my identity. I have attached a copy of my birth certificate. I make this affidavit for the purpose of registering pursuant to ORS 109.460, in the Trillium/Waverly Children's Home Voluntary Adoption Registry, and obtaining the identifying information available to me from the Registry pursuant to ORS 109.455 to 109.495. This registration can be canceled at any time with written notice to the registry.

For NID: I hereby request that Trillium Family Services, pursuant to ORS 109.500, provide me with non-identifying genetic, health and social history of the adoptee, birth parent(s) and/or members of the birth parent(s) family as described.

Date: \_\_\_\_\_

Signature of person registering: \_\_\_\_\_

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*For Notary use only*

Subscribed, sworn to, and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
**Notary Public - State of** \_\_\_\_\_

My commission expires: \_\_\_\_\_

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**Please return this completed form along with a copy of your birth certificate and the appropriate fee (check or money order) to:**

Trillium Family Services  
Parry Center Campus  
Medical Records—Adoption Registry  
3415 SE Powell Blvd  
Portland, OR 97202

If you have questions, contact Adoption Registry Services by phone at (541) 990-6288 or by email: [adoptionregistry@trilliumfamily.org](mailto:adoptionregistry@trilliumfamily.org)