

**VOLUNTARY ADOPTION REGISTRATION  
ADOPTEE AFFIDAVIT**

I, \_\_\_\_\_, acknowledge and say the following:

1. That I was born on \_\_\_\_\_ at \_\_\_\_\_; and placed in adoption by Catholic Charities, Catholic Services, or Catholic Community Services.
2. That the names of my adoptive parents are \_\_\_\_\_; and I was named \_\_\_\_\_.
3. That a copy of my birth certificate is attached to this affidavit.
4. That I request to be contacted should an authorized party (birth parents, genetic siblings, sibling of deceased birth parent or parent of a deceased birth parent) voluntarily register a request to meet me.
5. 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 447 NE 47<sup>th</sup> Ave. Suite 100 Portland, OR 97213.**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Signed and acknowledged on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_