

**VOLUNTARY ADOPTION REGISTRY  
BIRTH PARENT AFFIDAVIT**

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

1. That I am the birthparent of \_\_\_\_\_ born on \_\_\_\_\_ and surrendered to Catholic Charities, Catholic Services, or Catholic Community Services for the purpose of adoption.
2. That a copy of my birth certificate is attached to this affidavit.
3. That I request to be contacted should the above-named child, or other authorized party (Adoptive parent of deceased adoptee or adult genetic sibling of adoptee), having arrived at the age of 18 years, voluntarily registers a request to meet me;
4. That my current address is: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_;
5. That I understand that I must notify the agency of any future change of my name, address, and phone number;
6. 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.**

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

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

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