



STATE OF RHODE ISLAND JUDICIARY

FAMILY COURT - -PROVIDENCE COUNTY

One Dorrance Plaza, Providence, RI 02903

(401) 458-3290

VOLUNTARY REGISTRATION APPLICATION AND AFFIDAVIT

PURSUANT TO CHAPTER 15-7.2 GENERAL LAWS OF RHODE ISLAND
PASSIVE VOLUNTARY ADOPTION MUTUAL CONSENT REGISTRY ACT

FOLDER NUMBER _____

DATE _____

REGISTRANTS NAME (PRINT) _____

AFFIDAVIT

PERSONS ELIGIBLE TO REGISTER AND USE THE REGISTRY

MY RELATIONSHIP TO THE ADOPTEE IS THAT I AM THE:
(check one)

- ADULT ADOPTEE (age 21 or older) (Adopted in the State of RI)
- BIRTH PARENT MOTHER FATHER
- ADULT GENETIC SIBLING OF ADOPTEE (age 21 or older)
- ADOPTIVE PARENT OF A DECEASED ADOPTEE MOTHER FATHER
- PARENT OF A DECEASED BIRTH PARENT MOTHER FATHER
- ADULT SIBLING OF A DECEASED BIRTH PARENT(S) (age 21 or older)

I, the registrant, am seeking identifying information including genetic, social and health history. (Release non-identifying information as soon as possible.)

I, the registrant, request only non-identifying genetic, social and health history.

REGISTRANT INFORMATION: (please print)

ARE YOU THE ADOPTEE?

Yes No

Present Name (First, Middle, Maiden, Last)

Sex _____

Date of Birth _____

Mailing Address

Phone: (home) _____

(work) _____

Name of Birth Parent (Mother or Father) _____

Mailing Address _____

Name At Time Of Birth Of Adoptee _____



ADOPTEE INFORMATION (print)

Birth Name At Time Of Adoption _____

Sex _____ Date Of Birth _____

Original Name _____

Place of Birth (City/Town) _____ Hospital _____

Adoption Agency (if known) _____

Adoptive's Mother's Name _____

Mailing Address _____

Adoptive's Father's Name _____

Mailing Address _____

Registrant, fill in the following information:

1. Name(s) and addresses of all the adult genetic sibling(s) of the adoptee age 21 or older:

2. Name and address of adoptive parents of a deceased adoptee:

3. Name and address of parents of a deceased birth parent:

4. Names and addresses of adult siblings of a deceased birth parent or parents:



I, the registrant, understand that:

- My application will always remain active unless I send a WRITTEN notice to cancel.
- It is my responsibility to update the registry IN WRITING if there is a change of name, address or telephone number.
- The registry is not required to search for a registrant who fails to notify the registry of a change of address.
- I the adoptee understand that subsequent to the notification of a match, and prior to the release of identifying information, I must participate in not less than one hour of consultation designed specifically to assist in addressing the manifest issues that may be expected to transpire in such situations.
- In the event of a verified match and before any identifying information is released, the registry will send written notice to all eligible registrants and adoptive parents pursuant to 15-7.2-14, that they can file an objection to the release of any identifying information. If objection is filed a court hearing is required.
- The registry can only release identifying information of the other registrant if there is a match and only non-identifying genetic, social and medical history if there is no match.

Personally appears the undersigned party, who being duly sworn, deposes and says that as the registrant in this Voluntary Registration Application, I give authority to the registry to release identifying information related to the other relevant persons who register.

Registrant – Print Name

Signature of Registrant

TO BE COMPLETED BY A CLERK/NOTARY PUBLIC

State of _____ County of _____

Before me, personally appeared _____ known to me to be the person who subscribed to the within instrument, and acknowledged that he/she executed the same.

IDENTIFICATION (must check two)

- | | |
|--------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> State Issued Drivers License | <input type="checkbox"/> U.S. Passport |
| <input type="checkbox"/> Original Social Security Card | <input type="checkbox"/> State Issued I.D. Card with Photo |
| <input type="checkbox"/> Other (specify) _____ | |

IN WITNESS WHEREOF, I have set my hand this _____ day of _____, _____.

Print Name

Clerk or Notary Signature



Each registration shall be accompanied by the Birth Certificate (long form) of the registrant, a death certificate if required, and a fee of \$25.00 payable to "State of Rhode Island". No registration shall be accepted unless the registry is satisfied as to the identity of the registrant.

Any registrant who discloses or causes to be disclosed identifying information about a biological parent or adult adoptee without that person's express written consent shall be guilty of a misdemeanor punishable by imprisonment for a term of not more than one year, or a fine not more than one thousand dollars (\$1,000), or both.

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