

The National Adoption Contact Preference Register

Application Form

(for an adopted person seeking contact with birth family)

Please read the information leaflet carefully before completing this form

We have made every effort in this document to use terms that would suit all parties involved in adoption. The single-word term 'birth' is used to refer to the natural/birth mother and natural/birth father, although we acknowledge that natural/birth is the more accurate description. The use of 'birth' is for ease of reference, and because it is generally the term used in adoption-related literature internationally.

Section 1 Your personal details

Title: _____

First name(s): _____

Last Name: _____

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Maiden Name (if applicable): _____

Address: _____

Telephone Number (landline or mobile): _____

Email Address: _____

Can we correspond with you using the details above?

Yes

No

If **no**, please provide alternative contact details here

Section 2 Details of the person you would like to contact

Please give any information you may have on the person you would like to contact

Name: _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
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or Age: _____

If you are unsure of this information, please give a rough idea of the age or date of birth, and say that you are unsure.

You can use this space to add any information which might help us to link you with the person you are looking for.

Please do not write requests for information in the space. If you have requests for other information, or you have questions you would like to ask, write them on a separate sheet of paper. You can send the request with this form.

Section 3 What level of contact do you want to have with this person?

Willing to meet

No contact, but willing to share **medical** information

(See section below on sharing information)

Contact by telephone

No contact, but willing to share **background** information

(See section below on sharing information)

Contact by email

No contact at the moment

Exchange of letters or information

If you have picked any of the 'No Contact' options, would you like to be told discreetly if the other person joins this Register and is looking for you?

Yes

No

Sharing information

Please use this space to give any medical or background information you would like to share. If you need more space, please write on a separate page.

Section 4 Other options

If someone other than the person you have named in Section 2 joins the Register looking for you, would you like to be told of this discreetly? For example, a relative such as brother, sister, half-brother, half-sister, aunt, uncle, grandparent, cousin, niece or nephew may join the Register looking for you.

Yes – I would like to be notified discreetly	<input type="checkbox"/>
No – I am only interested in the person I have named in Section 2	<input type="checkbox"/>

Section 5 Identification and signature

What form of identification are you sending with this application? (Please see list of the types of identification we can accept on the next page.)

Do you wish to receive a written acknowledgement of this application form? Yes No

Signed: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Note: This is an extremely serious and sensitive matter for those involved. The Adoption Authority will report any person who misuses this form to the appropriate legal authorities.

CHECK LIST

Have you signed the form at Section 5?

Have you included a copy of your identification?

What type of identification will be accepted?

A copy of one of the following - Please do not send original documents

- Passport
- Drivers Licence (including provisional licence)
- Social Protection Services Card
- Student Card
- Pension Book
- Senior Citizens Travel Pass
- Medical Card
- GP Only Card

Where do I send the completed form and identification?

By post to: PO Box 9957, Dublin 4.

OR

By email to : tracing@aai.gov.ie