



## Birth Parent Search Request Registration

Please return this form with **\$600** non-refundable fee to: The Children's Home Society of New Jersey, 635 South Clinton Avenue, Trenton, New Jersey 08611. Check should be made out to The Children's Home Society of New Jersey.

Name \_\_\_\_\_ Adoptee \_\_\_\_ Birth Parent \_\_\_\_

Maiden Name, other name previously used \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

If you prefer not to be contacted directly at home or at work regarding your search, please list any instructions for contacting you: \_\_\_\_\_

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The person I wish to establish contact with is my:

Son or Daughter (circle one) placed for adoption \_\_\_\_\_

Original Name and Birth date: \_\_\_\_\_

Information that may help in locating this person: \_\_\_\_\_

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Reason(s) for wanting to locate this person: \_\_\_\_\_

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I request and authorize The Children's Home Society of New Jersey to make all reasonable efforts to locate and contact on my behalf the person(s) indicated above. I understand that CHS of NJ will conduct the Search with respect for the right to privacy of the person I am seeking. I understand that if I am dissatisfied with the services provided, I have the right of review with the Vice President of Child Welfare of CHS of NJ.

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

Fees may be paid by:

Check \_\_\_\_\_ Cash \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_

Please print your Visa/Master Card number below:

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Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Signature \_\_\_\_\_