



Adoptee 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.

Adoptee Name _____

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 reunion, please list any instructions for contacting you: _____

The person I wish to establish contact with is my:

Birth Mother / Birth Father (circle one) I was placed for placed for adoption on _____
(\$600 for first contact, \$100 for each additional person contacted).

Original Name and Birth date: _____

Identifying information of the above individual and additional information which may help in locating this person:

Reason(s) for wanting contact from this person:

I request and authorize The Children's Home Society of New Jersey (CHSofNJ) to make all reasonable efforts to locate and contact on my behalf the person(s) indicated above as per Law 2014 Chapter 9. I understand that that the agency 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 CHSofNJ.

Signed: _____ Date: _____

Fees may be paid by:

Check _____ Cash _____ Visa _____ Master Card _____

Please print your Visa/Master Card number below:

Expiration Date: Month _____ Year _____

Signature _____