



Adoptee Intermediary Request Registration

Please return this form with **\$200** 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 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 _____
(\$200 for first contact, \$100 for each additional person contacted).

Original Name and Birth date: _____

Contact information of the above individual:

Reason(s) for wanting contact from this person:

I request and authorize The Children's Home Society of New Jersey to act as an intermediary and contact the above named person as per Law 2014 Chapter 9. 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:

Expiration Date: Month _____ Year _____

Signature _____