



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 to The Children's Home Society of New Jersey.

Name _____ Adoptee _____ Birth Parent _____

Maiden Name, other name previously used _____

Address _____ Birth date _____

_____ Birthplace _____
City State Zip

Home Phone _____ Work Phone _____

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

ADOPTTEES ONLY:

Name of Adoptive Parents _____

Current Address of Adoptive Parents _____

My adoptive Parents do _____ do not _____ know of my search.

The person I wish to establish contact with is my:
(\$600 for first search, \$100 for each additional search)

Birth Mother _____ Birth Father _____ Brother or Sister _____

Son or Daughter placed for adoption _____

Original Name and Birth date: _____

Information that may help in locating this person: _____

Reason(s) for wanting to locate this person: _____

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 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 Services of the Agency.

Signed _____ Date _____

Fees may be paid by:

Check _____ Cash _____ Visa _____ MasterCard _____

Please print your Visa/MasterCard number below:

____ - ____ - ____ - ____

Expiration Date:

____/____
Month Year Signature