



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: _____

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: _____

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 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:

Expiration Date: Month _____ Year _____

Signature _____