The National Adoption Contact Preference Register

Application Form
(for birth family relative seeking contact with an adopted person)

Please read the information leaflet carefully before you complete this form
We have made every effort in this document to use terms that would suit all parties involved in adoption. The single-word term ‘birth’ is used to refer to the natural/birth mother and natural/birth father, although we acknowledge that natural/birth is the more accurate description. The use of ‘birth’ is for ease of reference, and because it is generally the term used in adoption-related literature internationally.

<table>
<thead>
<tr>
<th>Section 1: Your personal details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: __________</td>
</tr>
<tr>
<td>Last Name: ______________________________</td>
</tr>
<tr>
<td>Maiden Name (if applicable): __________________________________________________________</td>
</tr>
<tr>
<td>Address: __________________________________________________________________________</td>
</tr>
<tr>
<td>Telephone Number (landline or mobile): ____________________________</td>
</tr>
<tr>
<td>Email address: __________________________________________</td>
</tr>
<tr>
<td>Can we correspond with you using the details above?</td>
</tr>
<tr>
<td>If no, please provide alternative contact details here</td>
</tr>
<tr>
<td>_______________________________________________________________________________</td>
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</tbody>
</table>
Please indicate your status by ticking one of the boxes below

- I am a Birth Mother
- I am a Birth Father

I am a relative of an adopted person

Please state your relationship to the adopted person
(brother, sister, half-brother, half-sister, aunt, uncle, grandparent, cousin, niece, nephew)

__________________________________________________________________________________

Section 2: Details of the person you would like to contact

Please give any information you may have on the person you would like to contact

Name: _______________________________ Date of Birth

or Age: _____________________________

If you are unsure of this information, please give a rough idea of the age or date of birth, and say that you are unsure.

You can use this space to add any information which might help us link you with the person you are looking for.

Please do not write requests for information in the space. If you have requests for other information, or you have questions you would like to ask, write them on a separate sheet of paper. You can send the request with this form.

__________________________________________________________________________________

__________________________________________________________________________________

Section 3: What level of contact do you want to have with this person?

- Willing to meet
- Contact by telephone

No contact, but willing to share medical information
(See section below on sharing information)

No contact, but willing to share background information
(See section below on sharing information)
Contact by email  ☐  No contact at the moment  ☐

Exchange of letters or information  ☐

If you have picked any of the ‘No Contact’ options, would you like to be told discreetly if this person joins the Register and is looking for you?  Yes  ☐  No  ☐

Sharing information

Please use this space to give any medical or background information you would like to share. If you need more space, please write on a separate page.

___________________________________________________________________________
___________________________________________________________________________
_________________________  __________________________________________________
___________________________________________________________________________

Section 4: Identification and signature

What form of identification are you sending with this application? (Please see list of the forms of identification we can accept on the next page.)

___________________________________________________________________________

Do you wish to receive a written acknowledgement of this application form? Yes  ☐  No  ☐

Signed: _______________________________            Date  D D M M Y Y Y Y

Note: This is an extremely serious and sensitive matter for those involved. The Adoption Authority will report any person who misuses this form to the appropriate legal authorities.
## CHECK LIST

<table>
<thead>
<tr>
<th>Have you signed the form at Section 4?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you included a copy of your identification?</td>
</tr>
</tbody>
</table>

### What type of identification will be accepted?

A copy of one of the following - Please do not send original documents

- Passport
- Drivers Licence (including provisional licence)
- Social Protection Services Card
- Student Card
- Pension Book
- Senior Citizens Travel Pass
- Medical Card
- GP Only Card

### Where do I send the completed form and identification?

By post to: PO Box 9957, Dublin 4.

OR

By email to: tracing@aai.gov.ie