

Adoption Search, Contact and Reunion Services

Application Form

Investigation #: _____

(to be completed by DHR)

REGISTRANT'S INFORMATION:

Name: (*Last, First, Middle*): _____ Date of Inquiry: _____

Address: _____ City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

SS#: _____ DOB: _____ Race: _____ Gender: _____

Services Requested: Registry Only Contact and/or Reunion

Search for Updated Medical Information in Cases of Documented Medical Emergency

Type of Adoption (*check one*):

Department of Social Services (LDSS) _____ (specify which one, if known)

Private Child Placement Agency _____ (specify which one, if known)

Independent (lawyer) _____ (specify name, if known)

Your Relationship to the Adoption:

- Adoptee
- Adoptive Parent
- Birth Mother
- Birth Father
- Birth Sibling
- Other (*specify*): _____

Person Being Sought:

- Adoptee
- Adoptive Parent
- Birth Mother
- Birth Father
- Birth Sibling
- Other (*specify*): _____

INFORMATION ABOUT THE ADOPTION (Use "unknown" for any unknown information):

Information about Adoptee:

Name of Child Before Adoption (*Last, First, Middle*): _____ DOB: _____

Name of Child After Adoption (*Last, First, Middle*): _____ Sex: _____ Race: _____

Place of Birth: _____ Hospital: _____

Date of Adoption: _____ Code Name: _____

Address (at time of adoption) _____ City, State, Zip Code: _____

Case and/or Decree #: _____

Agency: _____ Social Worker: _____

Court that Issued Guardianship/Adoption Decree (Including County or City): _____

Where the Adoption Was Finalized (*City, State, Date*): _____

Information about Adoptive Parents

Name of Adoptive Mother (*Last, First, Maiden*): _____ DOB: _____

Name of Adoptive Father (*Last, First, Middle*): _____ DOB: _____

Address: _____ Phone: _____

Information about Birth Parents

Name of Birth Mother (*Last, First, Maiden*): _____ DOB: _____

Address at the Time of Placement: _____ Race: _____

Current Address: _____ Phone: _____

Agency: _____ Social Worker: _____

Case or Decree #: _____

Name of Birth Father (*Last, First, Middle*) _____ DOB: _____

Address at Time of Placement: _____ Race: _____

Current Address: _____ Phone: _____

Agency: _____ Social Worker: _____

Case or Decree #: _____ Was the birth father involved in the proceedings? _____

Foster Care Information:

Was the child ever in Foster Care? _____

If yes, provide name of foster parents: _____

Reason for Search/Specific Information Requested: _____

Alternative Contact Person

If you move, but forget to notify us, who is likely to know how to reach you? Please provide their:

(Name) (Address) (Phone Number)

Have you ever requested Confidential Intermediary services or used a search consultant? _____

If yes, indicate when, with whom and what services were provided:

Referral Source: Media Court Agency Support Group Other: _____

Signature of Applicant: _____ Date: _____

Return Completed Application Along with Copy of Drivers License or Other Photo I.D. to:

Maryland Department of Human Resources
Social Services Administration
Adoption Search, Contact and Reunion Services
311 West Saratoga Street
Baltimore, Maryland 21201