

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Message ok? Yes No

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred contact method: Phone Secure email Mail

To be eligible for these services, you must provide documentation to prove you are the adult progeny of:

- a deceased adoptee  Historical Documentation Release - \$50.00  
 a deceased genetic sibling Service requested:  Historical Adoption Registry - no fee  
 a deceased birth parent

**Fill in as much information as you can:****Adoptee Information**

Birth name: \_\_\_\_\_

Adoptive name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: Male Female

Birth Place: \_\_\_\_\_

**Adoptive Parent Information**

Adoptive parent's name: \_\_\_\_\_

**Birth Parent Information**

Mother's name (at time of adoption): \_\_\_\_\_

Mother's current name: \_\_\_\_\_

Father's name: \_\_\_\_\_

I hereby request and authorize Trillium Family Services/Waverly Children's Home (TFS/WCH) to provide me with the historical records of my ancestor's adoption and if I have chosen to register for the historical adoption registry, I permit TFS/WCH to identify me to anyone who also registers as a verified progeny of my ancestor. This registration can be canceled at any time with written notice to the registrar.

Date: \_\_\_\_\_

Signature of person registering: \_\_\_\_\_