

DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities

Contact Preference and Reunion Registry Form for Genetic Parents

I declare under penalty of perjury under the laws of the State of Connecticut that the following is true and correct.

Birth Parent Registry Information:

Current Name: _____

Former Names Used (Maiden or AKA): _____

Date of Birth: _____

Social Security Number: _____

Address: _____

Telephone #: _____ Email: _____

Signature: _____ **Date:** _____

Names of child(ren) at the time of birth:

Name (First and Last) Gender Date of Birth

Name (First and Last) Gender Date of Birth

Name (First and Last) Gender Date of Birth

Contact Preference: (Please Check Appropriate Box Below)

- I would like to be contacted
- I would like to be contacted, but only through an intermediary, as designated by the birth parent
- I do not want to be contacted

A search or reunion DOES NOT automatically occur upon a youth's 18th birthday. To request a search on or after a youth's 18th birthday the biological parent will need to submit a separate request noting a desire to have a search conducted for his or her biological child.

RETURN COMPLETED FORM TO:
Department of Children and Families
505 Hudson St, 10TH Floor
Hartford, CT 06106
Attn: Adoption Search Unit