



**CO L O R A D O**

**Department of Public Health & Environment**

## Colorado Voluntary Adoption Registry Registration and Consent for Release of Identifying Information

Effective 07-01-2009, the passage of SB09-079 expands the registry to allow a former foster child who may or may not have been adopted and who is searching for a birth sibling who may or may not have adopted, and who may or may not have been in the foster care system to register with the Colorado Voluntary Adoption Registry.

Send \$20 processing fee, a photocopy of your driver's license, state ID or passport and forms to the Colorado Voluntary Adoption Registry, Health Statistics and Vital Records, HSVR-VR-A1, 4300 Cherry Creek Drive South, Denver, CO 80246-1530. Retain a copy for your records. Your application will be filed upon receipt. If you search and locate your relatives at a later time, please notify us by mail so we can return your consent form. We will not be able to refund the \$20 fee.

### Information To Be Completed By All Applicants

You will be notified only if a match occurs. The state registrar will notify each party prior to the exchange of information.

- How would you like to be contacted? Please check one:  Letter  Phone
- If we have any questions about your responses on this form or need additional information, may we contact you by phone?  Yes  No
- If you have indicated above that you wish to be contacted by phone, please include a daytime phone number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- Special instructions regarding method of contact \_\_\_\_\_

- If the registrar is unable to notify you by your designated method, do you wish the identifying information to be released to the other party? Please check one:  Yes  No

- If a match occurs after your death, do you wish any identifying information such as your name, address and phone number as listed in the registry to be released? Please check one:  Yes  No

*I hereby authorize that my name, address and telephone number may be released under the conditions stated above if all necessary consent forms have been filed.*

Typed or printed name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Signature \_\_\_\_\_

Date signed \_\_\_\_\_

NOTARY

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_ residing at \_\_\_\_\_



All individuals must be 18 years of age or older.

I am (check one):

- Birth parent
- Adoptee
- Sibling
- Relative of a deceased adoptee
- Relative of a deceased birth parent

**COMPLETE ONLY THE SECTION BELOW THAT APPLIES TO YOU**

**Please type or print in ink**

**To be completed BY BIRTH PARENT ONLY**

In the event a match occurs and the other birth parent has not registered with us, do you wish us to re-release your name, address and phone number to a Colorado Confidential Intermediary who, with current fees, may help locate or establish the death of the other parent?

Please check one:

Yes  No

My current name \_\_\_\_\_

My current mailing address \_\_\_\_\_

My birth date \_\_\_\_\_ My sex \_\_\_\_\_ My phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Adoptee's full name at birth (first, middle and last) \_\_\_\_\_

Adoptee's date of birth \_\_\_\_\_ Adoptee's Sex \_\_\_\_\_

Adoptee's time of birth \_\_\_\_\_ City of birth \_\_\_\_\_

Mother's maiden name as it appears on the adoptee's original birth certificate \_\_\_\_\_

Father's name as it appears on the adoptee's original birth certificate \_\_\_\_\_

Name of hospital or institution \_\_\_\_\_

**Please type or print in ink**

**To be completed BY ADULT ADOPTEE ONLY**

My current name \_\_\_\_\_

My current mailing address \_\_\_\_\_

My phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ My sex \_\_\_\_\_

My birth date \_\_\_\_\_ Time of birth \_\_\_\_\_

City of birth \_\_\_\_\_ Birth name, if known \_\_\_\_\_

My full name after adoption (first, middle and last) \_\_\_\_\_

Adoptive father's name \_\_\_\_\_

Adoptive mother's maiden name \_\_\_\_\_



**COMPLETE ONLY THE SECTION THAT APPLIES TO YOU**

**Please type or print in ink**  
**To be completed BY AN ADULT BIRTH SIBLING ONLY**

My current name \_\_\_\_\_  
My current mailing address \_\_\_\_\_  
My phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Sibling full name at birth \_\_\_\_\_  
Sibling date of birth \_\_\_\_\_ City of birth \_\_\_\_\_  
Adoptive name, if known \_\_\_\_\_  
Birth father's name \_\_\_\_\_  
Birth mother's maiden name \_\_\_\_\_

**Siblings must share at least one birth parent.**

**Please type or print in ink**  
**To be completed BY RELATIVE OF DECEASED ADOPTEE ONLY**

My name \_\_\_\_\_ My phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
My current mailing address \_\_\_\_\_  
My relationship to the deceased adoptee \_\_\_\_\_  
Adoptee's full name after adoption (first, middle, last)  
\_\_\_\_\_  
Adoptee's date of birth \_\_\_\_\_ City and county of birth \_\_\_\_\_  
Adoptive father's name \_\_\_\_\_  
Adoptive mother's maiden name \_\_\_\_\_

**Attach a certified copy of deceased adoptee's death certificate and proof of your relationship to the adoptee (marriage license, birth certificate).**

**Please type or print in ink**  
**To be completed BY RELATIVE OF DECEASED BIRTH PARENT ONLY**

My name \_\_\_\_\_ My phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
My current address \_\_\_\_\_  
My relationship to the deceased birth parent \_\_\_\_\_  
Deceased birth parents name as it appears on the adoptee's original birth certificate  
\_\_\_\_\_  
Adoptee's full name at birth (first, middle, last)  
\_\_\_\_\_  
Adoptee's birth date \_\_\_\_\_ Adoptee's sex \_\_\_\_\_  
City and county of birth \_\_\_\_\_  
Name of hospital or institution \_\_\_\_\_

**Attach a certified copy of deceased birth parents' death certificate and proof of your relationship to the birth parent (marriage license, birth certificate).**