

**Your Contact Details**

Name:  
Date of birth:  
Address:  
  
Telephone No:  
Email (if used):  
Any previous names:

**Adoption Details** *(complete any known information)*

Birth name:  
Date & place of birth:  
Birth parents' names:  
  
Adoptive name:  
Adoptive parents' names:  
  
Date & place of adoption order:  
*(Please contact us for additional guidance  
if adoption order granted after 30/12/05)*  
  
Name of adoption agency involved:

**About you** *(Tick which applies to you)*

- Adopted person
- Birth parent
- Birth sibling
- Birth sibling who was also adopted
- Other birth relative
- Adopted person's adoptive family/descendant

**Any special requirements** *(e.g. large print material, loop system or any other means to aid communication)*

**Name, date & place of death**

*(if adopted person or birth mother known to be deceased)*

**Service Requested**

Name of relative to be traced: .....  
Relationship to you: .....

Please also attach any information known about relative, such as date of birth, where born, last known address:  
*(If you have received adoption records from another agency, please attach summary of background)*

**Also required:**

Proof of identity and of relationship to person to be found:  
*Please send copies of any relevant certificates or identity documents. (We can advise you further about these if you have difficulty obtaining them)*

Fees:  
*You will be advised of fees payable and we will require payment in advance of service.*

- I consent to you processing my information and sharing information with other agencies / obtaining information from adoption records in connection with this application.
- I consent to you communicating with the following person who I authorise to act on my behalf in relation to this application .....

**Signature**

**Date**