

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:

If you are adopted, please provide:

- Date you received information from adoption records
- Name of worker who provided information, with agency name and email address
- Please send relevant information to help trace birth relatives

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

Thank you for completing this application form. Please return by post to : Origins, Father Hudson's Caritas, St. George's House, Gerards Way, Coleshill, BIRMINGHAM B46 3FG or email to origins@fatherhudsons.org.uk