

STATE OF IDAHO VOLUNTARY ADOPTION REGISTRY REGISTRATION AND CONSENT FORM FOR ADOPTEES BORN IN IDAHO

The Idaho Voluntary Adoption Registry is a voluntary, confidential matching process for individuals who were parties to an adoption.

Summary Instructions

- 1. Read all information in this packet before completing the Registration and Consent Form.
- 2. The Registration and Consent Form may be filled out online and printed or entered by hand. If entering the information by hand, use blue or black ink and make sure the information is neat and can be read.
- 3. There is a \$10.00 fee to register.
- 4. The Registration and Consent Form must be signed in the presence of a Notary Public.
- 5. Mail the Registration and Consent Form to:

IDAHO VITAL RECORDS PO BOX 83720 BOISE, IDAHO 83720-0036

Legal authority

Adoption records are confidential; however, the Legislature has authorized the Registry to bring people together if there is mutual interest in such contact. Section 39-259A, Idaho Code, requires the State Registrar of Vital Records to maintain an Adoption Registry for use on a voluntary basis.

Is there a fee?

An initial filing fee of \$10.00 is required and must be submitted with the Registration and Consent Form. No information will be filed without the notarized form and required fee. Payments should be made payable to Idaho Vital Records.

Who is eligible to register?

- Adult adoptees (18 years of age or older) who were born in the State of Idaho
- Birth parent(s) of the adopted child
- · Biological siblings of the adopted child
- · Relatives of a deceased adult adoptee or a deceased natural parent

Any party who is not named on an adoptee's original birth certificate must provide proof of their relationship to either the adoptee or a natural parent. When an adult adoptee or a natural parent is deceased, a certified copy of their death certificate will also be required.

NOTE: Individuals who are eligible may register at any time. No one is required to register, and anyone may withdraw from the Registry at any time by written notice to the Registry.

How does one register?

Complete and sign the Registration and Consent Form in front of a notary public and return it to this office along with payment for the required fee.

How does the Registry work?

The Registry will match individuals who have given consent for the release of their information to other consenting parties. The Idaho Voluntary Adoption Registry may also allow for the issuance of the adoptees original birth certificate at the cost of \$16.00.

How am I matched with other family members?

When a new Registration and Consent Form is received, a search is conducted to see if it matches any of the other registry forms we have received since the Registry began in 1985.



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How will I be notified that I was matched with someone?

When there is a match allowed by law, letters are sent to each party advising them they have 30 days to change their mind and withdraw their application before we release the contact information of the matched parties.

NOTE: If your contact information changes after you register, it is **very** important to update your information using the Registry Update Form. If your contact information changes and you did not update the Registry, you will not get the letter and will lose the opportunity to connect or withdraw consent.

Will any information be released if only one party registers?

No. If only one party has registered, and a match has not been made, we would not have any contact information to release.

Does the Registry provide non-identifying information, such as medical or social background information?

No. The Voluntary Adoption Registry does not provide non-identifying information. People seeking this type of information should contact the person or agency that handled the adoption.

Can I get a copy of my original birth certificate?

For adoptions that occurred before July 1, 2022:

When a match is complete and the current contact information of the registered parties has been exchanged, it may be possible to have **<u>one</u>** certified copy of the original birth certificate released from the sealed file.

NOTE: if any party listed on the original birth certificate is deceased, it will not be possible to release a copy of the original birth certificate from the sealed file through the Voluntary Adoption Registry.

For adoptions that occurred on or after July 1, 2022:

Once the adopted child turns 18, a certified copy of the original birth certificate may be released from the sealed file after a properly completed and notarized Registration and Consent Form has been submitted.

If I was not born in Idaho, but was adopted in Idaho, will I be able to obtain my original, pre-adoption birth certificate?

No. The Idaho Bureau of Vital Records does not maintain pre-adoption birth records or any other information for individuals not born in Idaho. Please contact the Vital Records office in the state of birth.

Can registered information be changed?

Yes. The Voluntary Adoption Registry update form (available from this office) is required to submit changes. There is a \$10.00 fee to update or make changes to the Registry.

Who do I contact if I have more questions?

- <u>healthandwelfare.idaho.gov/vitalrecords</u> for forms and general ordering information
- ivrla@dhw.idaho.gov to email questions to the Bureau of Vital Records and Health Statistics
- 208-334-5980 once in the phone menu, select option 4
- Mail the Registration and Consent Form to: IDAHO VITAL RECORDS ATTN; LEGAL AMENDMENTS PO BOX 83720 BOISE IDAHO 83720-0036



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IDAHO DEPARTMENT OF HEALTH & WELFAF	₹E					
DIVISION OF PUBLIC HEALTH						
Bureau of Vital Records and Health Statistics						

FOR OFFICE USE ONLY							
Received	File #:						
Birth Certificate #		icate #:					
	Child's Orig	ginal Name:					
APPLICANT INFORMATION							
FIRST NAME			LAST NAME				
MAILING ADDRESS - STREET AND NUMBER							
MAILING ADDRESS - CITY		MAILING ADDRESS - STATE			MAILING ADDRESS - ZIP CODE		
DAYTIME CONTACT PHONE NUMBER		EMAIL ADDRESS			I		
MY RELATIONSHIP TO ADOPTED CHILD - check one							
Birth (biological) parent	Adult a	doptee (18 years	s of age or older)				
Adult biological sibling of an adoptee: 🗆 sister 🗆 brother **Attach a certified copy of your birth certificate or other proof of your relationship to the adoptee.							
Relative of a deceased adoptee; relationship to adoptee:**Attach a certified copy of deceased adopted child's death certificate and proof of your relationship to the adopted child, e.g., marriage license, birth certificate, etc.							
Relative of a deceased birth parent; related to: Imother Ifather **Attach a certificate copy of the deceased birth parent's death certificate and proof of your relationship to the birth parent, e.g., marriage license, birth certificate, etc.							
	AD	OPTED CHILE	O'S INFORMATION				
FIRST NAME AT BIRTH	MIDI	DLE NAME AT BIRTH	LAST NAME A		IT BIRTH		
DATE OF BIRTH	SEX			CITY OR COUNTY OF BIRTH IN IDAHO			
NAME OF HOSPITAL OR INSTITUTION OF BIRTH			ATTENDANT AT BIRTH				
Biological Mother Biological Fa	ather *Na	ames as they appe	ar on the child's <u>original</u>	birth certifi	cate (if known)		
FIRST NAME	MIDDLE NAME	LAST NAME			MAIDEN NAME		
Biological Mother Biological Father *Names as they appear on the child's <u>original</u> birth certificate (if known)							
FIRST NAME	MIDDLE NAME		LAST NAME		MAIDEN NAME		
□Adoptive Mother □Adoptive Fath	ner						
FIRST NAME	MIDDLE NAME		LAST NAME		MAIDEN NAME		
Adoptive Mother Adoptive Father							
FIRST NAME MIDDLE NAME			LAST NAME		MAIDEN NAME		
*ADOPTED CHILD'S FULL NAME AFTER THE ADOPTION (IF KNOWN)							
FIRST NAME		DLE NAME		LAST NAME			
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IDAHO DEPARTMENT OF HEALTH & WELFARE DIVISION OF PUBLIC HEALTH Bureau of Vital Records and Health Statistics

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CONTACT OPTIONS - complete each item							
In the event a match occurs, the State Registrar shall notify each party by certified mail prior to the exchange of the information and give each party an opportunity to withdraw.							
1.	If no withdrawal is requested in writing, then information can be exchanged. If the Registrar is unable to notify						
	you, do you want your identifying information to be released to the other party? Yes No						
2.	In the event of your death, it is imperative that we be notified. Please designate a person to notify Vital						
	Records of your death. If a match occurs after your death, do you want any identifying information about						
	yourself to be released? (Identifying information would be your name, address, and telephone number as						
	listed in the registry). 🛛 Yes 🖾 No						
3.							
contact you. Please list a person that does not live with you through whom you can always be reached:							
CONT	CONTACT NAME C		CONTACT FULL MAILING ADDRESS				
CONTACT DAYTIME PHONE NUMBER		CONTACT EMAIL ADDRESS					
NOTARIZATION							
I hereby authorize that my name, address, and telephone number may be released under the conditions stated							
abo	ve if all necessary cons	sent forms have be	en filed.				
APPLICANT'S NAME		DATE SIGNED					
APPLICANT SIGNATURE:							
Subscribed and sworn before me this day of, 20							
STA	TE OF:			(seal)			
COL	INTY OF:						
Not	ary Public:						
My	Commision expires:						
Res	iding at:						