



**INDIANA ADOPTION MATCHING REGISTRY
IDENTIFYING INFORMATION CONSENT**

State Form 47896 (R6 / 3-25)
INDIANA DEPARTMENT OF HEALTH
IC 31-19-19-1

FOR OFFICE USE ONLY	
Date (month, day, year)	State File Number
Locator Number	

INSTRUCTIONS: Participant (s) must be eighteen (18) years of age or older to register for the Indiana Adoption Matching Registry. Participant must be twenty-one (21) years of age or older to obtain Adoption Information. A valid state or government issued identification with photo is required. All Information, except the written signature(s), must be typed or clearly printed in **Black** ink. **All parts must be completed before this consent form can be filed.**

Part I – Your Filing Status (Please check only ONE box in this section.)

- I am the: Adult Adoptee Adoptive Parent Birth Parent Birth Sibling
- Spouse of Deceased Adoptee (If the relationship existed at the time of the adoptee’s death, a marriage license must be provided.)
- Relative of Deceased Adoptee (If the relationship existed at the time of the adoptee’s death, proof of relationship must be provided, i.e. birth certificate, court documents, etc.)
- Spouse of a Deceased Birth Parent (If the relationship existed at the time of birth parent’s death, a marriage license must be provided.)
- Relative of a Deceased Birth Parent (If the relationship existed at the time of birth parent’s death, proof of relationship must be provided, i.e. birth certificate, court documents, etc.)

Part II – Contact Information of the person selected in Part I

Name _____

Date of Birth (month, day, year) _____

Mailing Address _____
Number, Street, City, State, ZIP Code

Daytime Telephone Number (please include area code) _____

Please Note: Your government or state issued identification with photo must accompany this form.

Part III – Adoptee’s Birth Information

Birth Name _____

Date of Birth (month, day, year) _____ Sex _____

Place of Birth _____

*Full Name of Birth Father _____

*Full Name of Birth Mother (including maiden name) _____

***(Please submit death certificate for all deceased persons listed in Part III.)**

Part IV – Adoptee’s Information

Name After Adoption _____

Date of Birth (*month, day, year*) _____

Place of Birth _____

Full Name of Adoptive Parent 1 _____

Full Name of Adoptive Parent 2 _____

Part V – Identifying Information Consent

My Information may be released to all parties selected below: (*Please note: you are giving your consent to release your Identifying Information. **Select All** parties you consent to having your information, including yourself.*)

- Adult Adoptee Adoptive Parent Birth Parent Birth Sibling
- Spouse of Deceased Adoptee (*If the relationship existed at the time of the adoptee’s death, a marriage license must be provided.*)
- Relative of Deceased Adoptee (*If the relationship existed at the time of the adoptee’s death, proof of relationship must be provided, i.e. birth certificate, court documents, etc.*)
- Spouse of a Deceased Birth Parent (*If the relationship existed at the time of birth parent’s death, a marriage license must be provided.*)
- Relative of a Deceased Birth Parent (*If the relationship existed at the time of birth parent’s death, proof of relationship must be provided, i.e. birth certificate, court documents, etc.*)

Part VI – Affirmation

I affirm, under the penalties for perjury, that these representations are true to the best of my knowledge and beliefs, and that I am qualified to receive adoption matching information under IC 31-19-18-2.

Signature

Date (*month, day, year*)

Please send this form to: **Indiana Department of Health**
 Attn: Indiana Matching Registry – Vital Records
 2 North Meridian Street
 Indianapolis, Indiana 46204