



**INDIANA ADOPTION MATCHING REGISTRY  
NONIDENTIFYING INFORMATION CONSENT**

State Form 47897 (R5 / 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 do not check more than one box in this part.)**

- 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 – Individual Completing This Consent Form (Your Information)**

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 a death certificate for all deceased person(s) listed here 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 – 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**