

UTAH DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

THE UTAH MUTUAL-CONSENT VOLUNTARY ADOPTION REGISTRY

Utah's "Mutual-Consent Voluntary Adoption Registry" makes it easier for adult adoptees and their "birth parents" or their blood-related brothers and sisters to find each other. The registry is a result of legislation that became effective April 27, 1987.

The registry is administered by the Utah Department of Health, Bureau of Vital Records. Adult adoptees (at least 21 years old) who were born in Utah, their blood-related brothers and sisters, and their birth parents may use the registry.

A form available from the Bureau must be used to provide identifying information (name, address and telephone number) to the registry. Adult adoptees must be at least 21 years old to file, but a birth parent may file at any time. To help operate the registry, a \$50 fee must be included with each application.

Each registry application is stored in computer files. A computer program compares each new application with all others in search of a match. When the Bureau receives an application from an adult adoptee that matches the application of a birth parent or an adult blood-related brother or sister, identifying information will be provided to the matched applicants.

However, if the adult adoptee has brothers or sisters of the same birth parent who are under 21 years old, and who were raised in the same family as the adult adoptee, the Bureau will not provide the birth parent's identifying information until all the brothers and sisters are 21 years old.

All identifying information obtained by the registry is confidential and will be provided only as listed on this form. Those using the registry should, as necessary, update their identifying information, particularly address and telephone changes, with the bureau. A \$2 fee must be included with each update. An applicant may withdraw from the registry at any time by providing a written, notarized request to the bureau.

Questions regarding the Utah Mutual-Consent Voluntary Adoption Registry should be directed to the Bureau of Vital Records, (801) 538-6363; or write to the Bureau of Vital Records, P.O. Box 16700, Salt Lake City, Utah 84116-0700.

June 12, 1992

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**APPLICATION FOR INCLUSION IN THE UTAH
MUTUAL-CONSENT VOLUNTARY ADOPTION REGISTRY**

All applicants must complete Sections 1 and 2. Adult adoptees should complete as much as possible in Section 3. However, only the birth date and birth place are critical for making the match. The birth parent(s) should complete as much as possible in Sections 3 and 4. It is important that the birth date and birth place be provided to enable a match to be made. The birth mother should also complete lines A. and B. in Section 4. The birth father should complete lines B. and C. in Section 4.

Section 1. A. Name of Person Registering _____
B. Current Address _____
C. Current Telephone Number _____

Section 2. Person Registering is (Please Check One): _____
A. _____ Adult Adoptee _____
B. _____ Birth Parent _____
C. _____ Adoptive Parent of Deceased Adoptee _____
D. _____ Adult Blood Related Brother or Sister of Adoptee _____
E. _____ Adult Brother or Sister of Deceased Birth Parent _____
F. _____ Parent of Deceased Birth Parent _____

Section 3. Information About the Adoptee:
A. Birth Name _____
B. Adoptive Name _____
C. Current Name _____
D. Birth Date and Birth Place _____
E. Names of Adoptive Parents _____
F. Adoption / Placing Agency, if Known _____

Section 4. Information About Adoptee's Birth Parent(s):
A. Mother's Current Name _____
B. Mother's Name at Time of Adoption _____
C. Father's Current Name _____

I hereby authorize the Bureau of Vital Records to identify me to any and all who register with the Utah Mutual-Consent Voluntary Adoption Registry and who are authorized to know my identity. I have attached a certified copy of my birth certificate. I make this affidavit for the purposes of registering, pursuant to Section 78-30-18 of the Utah Code Annotated, 1953, as amended, and obtaining the identifying information available to me from the Registry. I understand that I may withdraw this application at any time by submitting a written, notarized request to the Bureau. I understand that if I withdraw my application, no one will be able to obtain identifying information about me.

Subscribed and sworn to before me this _____ day of _____, 19 _____.

Signature of Person Registering

Notary Public

S
E
A
L

My Commission Expires: _____

Please enclose a certified copy of your birth certificate. A fee of \$50, payable by a check or money order to the Bureau of Vital Records, must be included with this registration.