

Adoption Contact Register

Application for Entry in Part 2 of the Register by a Relative of the Adopted Person (ACR 108)

Current Details

I (state title)
 Surname
 Forename(s).....
 Of (state current address).....
 Phone number(office use only)
 Email address.....(office use only)
 My date of birth

My Relationship to the Adoptee

Maternal / Paternal (please delete as necessary)

Being the (state your relationship to the adoptee).....

Please select one of the following two options:

I wish to make contact with the adopted person	<input type="checkbox"/>
I do not wish to make contact with the adopted person	<input type="checkbox"/>

Birth Details relating to the Adopted Person

Surname
 Forename(s)
 Date of birth
 Place of birth.....
 Birth mother's forename (s) and surname at time of birth.....
 Birth mother's maiden name (if different).....
 Birth father's forename (s) and surname (if known)
 Year of adoption (if known)

Intermediary Contact Name and Address (to be completed only if applicable)

.....

 If this space is left blank, your
 home address will be inserted as
 your contact address in the event
 of a link being made.

I wish to have my name, address and contact wishes be added to Part 2 of the Adoption Contact Register. I have attained the age of 18 years.

I understand that I need to keep you informed of any change of address in writing or by email.

I understand that if I wish my name and address to be removed from the Adoption Contact Register, I will give 28 days notice in writing to the General Register Office.

I have read and accepted the above conditions relating to my application onto the Adoption Contact Register.

Signed

Date

Complete for Credit/Debit Card sales

Card Type ☐ Visa ☐ Visa Debit/Electron ☐ MasterCard ☐ Maestro ☐ Solo

Please debit my card £ .

Card Number

Security Number (last three digits found on the signature strip of your card)

Start date / Expiry date /

Issue No (if applicable)

Signature..... Date.....

Before returning your form please ensure you have:

- ✓ **Completed the form in full including your contact wishes**
- ✓ **Enclosed any certificates/documents as evidence of your relationship**
- ✓ **Enclosed the fee of £30.00 (payable to IPS) or completed credit/debit card details. Payment from outside the UK may be made by cheque, international money order or draft, expressed in sterling in favour of 'IPS' and bear the name of a UK clearing bank.**
- ✓ **Signed and dated the form**

This form is the property of the:

Adoptions Section
General Register Office
Trafalgar Road
Southport
PR8 2HH

Email: adoptions@ips.gsi.gov.uk
Tel: 0151 471 4252

Table of Evidence Required to Prove Your Relationship

To find out what documentary evidence is required, please select your relationship to the person for whom you are looking from the left of the table, and read the options from the top.

For example, a birth mother will need to supply her marriage certificate, if applicable.

	Your Child's Full Birth Certificate	Your Own Full Birth Certificate	Your Marriage Certificate (if applicable)	Your Sister's/ Brother's Full Birth Certificate	Your Mother's/ Father's Full Birth Certificate and Aunt's/ Uncle's Full Birth Certificate	Your Mother's and Father's Marriage Certificate	Your Son's/ Daughter's Full Birth Certificate
Mother			✓				
Father	✓						
Brother		✓					
Sister		✓	✓				
Grandparent							✓
Aunt		✓	✓	✓			
Uncle		✓		✓			
Cousin		✓	✓		✓		
Half Relation		✓	✓				
Step Relation		✓	✓			✓	
Niece		✓	✓		✓		
Nephew		✓			✓		

Proof of name changes are also required e.g. statutory declaration, evidence of official use of new name.