

Identity & Passport Service

Adoption Contact Register

Application for Entry in Part 1 of the Register by the Adopted Person (ACR 105)

Current Details

I (state title)

Surname

Forename(s)

Of (state current address)

.....

.....

Phone number(office use only)

Email address(office use only)

Details relating to my Birth

Surname

Forename(s)

Date of birth

Place of birth

Birth mother's forename(s) and surname

Birth mother's maiden surname (if different)

Birth father's forename(s) and surname (if known)

Details relating to my Adoption

Adopted surname

Adopted forename(s)

Adopted mother's forename(s) and surname

Adopted father's forename(s) and surname

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.

Completion of Application Form

If you are unable to complete all the details relating to your original birth and your birth was registered in England or Wales, you can apply for access to your birth record. Any adopted adult can be given information about his/her original birth record and no fee is charged for this service.

An application form and booklet can be obtained from this office.

You can visit our website at **www.direct.gov.uk/gro**, email us at **adoptions@ips.gsi.gov.uk** or phone us on **0151 471 4830**.

If your adoption took place after 30th December 2005, you must apply direct to the agency which dealt with your adoption to receive your birth information.

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 with your full birth and adoption details**
- ✓ **Enclosed the appropriate fee of £15.00 (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.**
- ✓ **Specified which type of contact you require**
- ✓ **Signed and dated the form**

This form is the property of the:

Adoptions Section
General Register Office
Trafalgar Road
Southport
PR8 2HH

I wish to have my name, address and contact wishes entered on Part 1 of the Adoption Contact Register. I have attained the age of 18 years.

Please select from one of the following four options:

I wish to have contact with all birth relatives	<input type="checkbox"/>
I do not wish to have contact with any birth relatives	<input type="checkbox"/>
I wish to have contact with the following birth relatives only (please state whether maternal or paternal)	<div>.....</div> <div>.....</div> <div>.....</div> <div><input type="checkbox"/></div>
I do not wish to have contact with the following birth relatives (please state whether maternal or paternal)	<div>.....</div> <div>.....</div> <div>.....</div> <div><input type="checkbox"/></div>

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 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.....