

GENERAL REGISTER OFFICE (ENGLAND & WALES) Application for an Adopted Person to apply for entry onto Part 1 of the Adoption Contact Register

Please use Part 1 guidance notes when completing this form

The Adoption and Children Act of 2002 provides for the Registrar General to operate an Adoption Contact Register. The purpose of the Register is for adopted people and their birth relatives to register their contact wishes. A wish for no contact can also be registered.

In order to register on Part 1 of the Contact Register you must be aged 18 years or over.

A record of your birth or adoption must be held by the Registrar General.

The registration fee for an adopted person is £15.00.

If you are an adopted person and a relative you want to contact is also adopted you may wish to register on both parts 1 and 2.

Please be aware that the General Register Office (GRO) does not trace. Birth relative(s) must also register a wish for contact for a link to be made.

Section 1 - Your Current Details							

Section 2 - Intermediary Details							
	If you do not wish to use a third party move to section 3						
2.1	Intermediary Contact Name / Organisation						
	Address						
	Postcode						
	Country						
	Telephone Number						
	Email Address						

*Required

If you do not know the required * birth details in section 3, you may wish to contact GRO regarding Access to your Birth Registration details

	Section 3 - Your Birth Details							
3.1	*Birth surname							
	*Birth forename(s)							
	*Date of birth	Day	Month		Year			
	*Sex	Male		Female				
	Place of birth (if known)							
	Birth mother's surname at time of your birth (if known)							
3.2	Birth mother's forename(s) (if known)							
	Birth mother's maiden name (if known)							
	Birth father's surname (if known)							
	Birth father's forename(s) (if known)							
	Section 4 - Your Ado	ption Details						
4.1	Adoptive surname							
	Adoptive forename (s)							
	Adoptive mother's surname							
	Adoptive mother's forename							
	Adoptive father's surname							
	Adoptive father's forename							
	Year of adoption (if known)							
	Name of court (if known)							
		•						
	Section 5 - Decl	aration						
Plea	ase complete the declaration as required by Regulation 6(2		Children	n and Adopt	ion Contact			
	isters Regulations 2005			•				
5.1	I (current full name)							
	of (state your current address)							
	of (State your current address)							
	(your date of birth)							
	Wish to have my name and address entered in Part 1of the Adoption Contact Register.							
5.2	I wish to contact the following relative(s)							
5.3	I do not wish to contact the following relative(s)							
	I understand I may withdraw this notice at any time							
5.4	Date:							

By completing Section 5 above you are declaring that you are the adopted person and you wish to have your details entered on to Part 1 of the Adoption Contact Register. In order to have their details entered onto Part 2, your birth relatives are also required to sign a declaration stating their relationship to you.

Section 6 - Payment Details

Please note this page will be destroyed once your application has been processed

The Contact Register registration fee for an adopted person	is £15.00.						
Cheques or postal orders must be made payable to IPS (Ide	entity and Passport Service)						
Payment from outside the UK made by cheque, international favour of IPS and bear the name of a UK clearing bank.	al money order or draft should be expressed in Sterling in						
If you wish to pay by credit or debit card please complete the payment details below							
Do not send cash.							
Card Type	Card Maestro						
Please debit my card £ ☐ ☐ ■ ☐ ☐							
Card Number							
Security Number (last three digits found on the signature strip	of your card)						
Start date \(\sum \sqrt{\sq}}}}}}}}}}}}} \signtimes\septrimu{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\eqt}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\eqti}}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sqrt{							
Issue No (if applicable)							
Signature Date							
Before returning this form to the address below please cl	neck that you have:						
☐ Completed the form in full including your contact w	ishes						
Signed and dated the declaration							
Enclosed postal order or cheque for £15.00 made pa	ayable to IPS						
Completed credit/debit card details							
Adoptions Section General Register Office Identity and Passport Service Trafalgar Road Southport PR8 2HH	Tel: 0300 123 1837 Text Relay: 18001 0300 123 1837 Email: adoptions@ips.gsi.gov.uk Website: www.gov.uk/adoption-records						

General Register Office: part of the Identity and Passport Service