

Adoption Search, Contact and Reunion Services

**Application Form**

Investigation #: \_\_\_\_\_  
(to be completed by DHR)

**REGISTRANT'S INFORMATION:**

Name: (*Last, First, Middle*): \_\_\_\_\_ Date of Inquiry: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Services Requested:  Registry Only  Contact and/or Reunion

Search for Updated Medical Information in Cases of Documented Medical Emergency

Type of Adoption (*check one*):

Department of Social Services (LDSS) \_\_\_\_\_ (specify which one, if known)  
 Private Child Placement Agency \_\_\_\_\_ (specify which one, if known)  
 Independent (lawyer) \_\_\_\_\_ (specify name, if known)

Your Relationship to the Adoption:

Adoptee  
Adoptive Parent  
Birth Mother  
Birth Father  
Birth Sibling  
Other (*specify*): \_\_\_\_\_

Person Being Sought:

Adoptee  
Adoptive Parent  
Birth Mother  
Birth Father  
Birth Sibling  
Other (*specify*): \_\_\_\_\_

**INFORMATION ABOUT THE ADOPTION** (Use "unknown" for any unknown information):

Information about Adoptee:

Name of Child Before Adoption (*Last, First, Middle*): \_\_\_\_\_ DOB: \_\_\_\_\_  
Name of Child After Adoption (*Last, First, Middle*): \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_  
Date of Adoption: \_\_\_\_\_ Code Name: \_\_\_\_\_  
Address (at time of adoption) \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Case and/or Decree #: \_\_\_\_\_  
Agency: \_\_\_\_\_ Social Worker: \_\_\_\_\_  
Court that Issued Guardianship/Adoption Decree (Including County or City): \_\_\_\_\_  
Where the Adoption Was Finalized (*City, State, Date*): \_\_\_\_\_

Information about Adoptive Parents

Name of Adoptive Mother (*Last, First, Maiden*): \_\_\_\_\_ DOB: \_\_\_\_\_  
Name of Adoptive Father (*Last, First, Middle*): \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Information about Birth Parents

Name of Birth Mother (*Last, First, Maiden*): \_\_\_\_\_ DOB: \_\_\_\_\_

Address at the Time of Placement: \_\_\_\_\_ Race: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Social Worker: \_\_\_\_\_

Case or Decree #: \_\_\_\_\_

Name of Birth Father (*Last, First, Middle*) \_\_\_\_\_ DOB: \_\_\_\_\_

Address at Time of Placement: \_\_\_\_\_ Race: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Social Worker: \_\_\_\_\_

Case or Decree #: \_\_\_\_\_ Was the birth father involved in the proceedings? \_\_\_\_\_

Foster Care Information:

Was the child ever in Foster Care? \_\_\_\_\_

If yes, provide name of foster parents: \_\_\_\_\_

Reason for Search/Specific Information Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Alternative Contact Person

If you move, but forget to notify us, who is likely to know how to reach you? Please provide their:

\_\_\_\_\_  
(Name) (Address) (Phone Number)

Have you ever requested Confidential Intermediary services or used a search consultant? \_\_\_\_\_

If yes, indicate when, with whom and what services were provided:

\_\_\_\_\_  
\_\_\_\_\_

Referral Source:  Media  Court  Agency  Support Group  Other: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Completed Application Along with Copy of Drivers License or Other Photo I.D. to:**

Maryland Department of Human Resources  
Social Services Administration  
Adoption Search, Contact and Reunion Services  
311 West Saratoga Street  
Baltimore, Maryland 21201