



Children's  
Service Society

Adoption

## POST-ADOPTION SERVICES INTRODUCTION

Children's Service Society recognizes the need for information and connections experienced by many members of the Adoption Triad (birth parents adoptive parents, and adoptees). If you were adopted through Children's Service Society and are seeking background or search information, we can offer you a number of services:

**If you would like to reunite with your birth family  
or if you need current medical information:**

### **OPTION #1 – Join the Connections Program**

Through Connections, CSS can conduct a search for your birth family and contact them to establish whether they would be open to communication or reunion, or to collect current family medical information.

In providing this service, Children's Service Society complies with all laws and regulations regarding confidentiality: **Utah Law does not allow us to share identifying information with either party without written permission from both.** Records are still closed - you still do not have access to your files or original birth certificate; however, we are able to provide this service by acting as a confidential intermediary. This assures that no identifying information is released without the proper Affidavits of Consent.

The cost for the Connections program is \$250 for up to 10 hours of services. This non-refundable fee covers the cost of locating the appropriate files, reviewing them and extracting any identifying information that will be helpful in the search. The search itself generally entails research of vital records, internet resources and other databases, as well as telephone and written inquiries. The fee also includes time for discussion of any questions or issues you might have, and intermediary services and/or mediation should a face-to-face reunion occur; and can include two hours of counseling for either party. Children's Service Society feels strongly that counseling with a trained social worker is very helpful in dealing with adoption or reunion issues. If you desire additional counseling, it can be offered at a fee of \$70 per hour.

We also offer an hourly fee of \$50 per hour (max of \$250). These are less-inclusive services, but can include: the search for your birth family, initial contact with them on your behalf, intermediary services, and analysis of DNA test matches to possibly discover unknown parents/family. We will start with one hour; if more time is needed we will advise.

*Note: If you are an adoptee under 18 years old, we must have your parents' written permission for you to join the Connections program.*

*A more detailed description of the Connections program and how to apply follows this Post-Adoption Services Introduction.*

### **OPTION #2 – Update your adoption file**

You may update your adoption file with information on yourself and your wish regarding contact. If your birth family contacts CSS for information, we will notify them of your desire. You can also place a letter in your file to be given to your birth family if they contact us. There is no charge for this service.

*To complete this step, please fill out and return to CSS the form titled Adoptee Affidavit of Consent for Information Exchange. Please note that this form will need to be notarized.*

### **If you are looking for information only about your birth family:**

**Option #1:** Utah law allows for non-identifying information from our files to be shared with you. This information will give you a history background on your birth family including such things as physical descriptions, occupations, education, religion, nationality, siblings, hobbies, age, marital status, etc. It will also include medical information. The amount of information you may receive will depend wholly on how much information was given to the agency during the adoption process. The cost for this service is \$50. The fee covers the cost of locating the appropriate files, reviewing them, and extracting all non-identifying information to share with you in a written format, as well as the time for discussion of any questions or issues you might have.

**Option #2:** CSS can also provide a non-identifying report on medical information only. Again, the amount of information you may receive will depend on how much information was given to the agency at the time of the adoption. The fee for medical information is \$20.

*To obtain a non-identifying information report or medical report, please complete the form included in this packet titled Adoptee Request for Non-Identifying Information and send it with your check or money order to Children's Service Society (Attention: Post-Adoption Worker). Your report will be mailed to you when it is completed.*

A reunion between an adoptee and his/her birthparents or siblings is one of the most important events of a person's life. The implications may be far reaching, extending beyond these two to other immediate or extended family members. Searches and reunions may be accompanied by life changes and intense emotions. Therefore, a reunion and sharing of information must be acceptable to both parties. We believe preparation and counseling prior to the reunion is imperative and that mediation during the initial reunion is crucial. In some instances, continued counseling sessions may be necessary. Regardless of your situation, we recommend that you prepare thoughtfully before you embark on the search and reunion process.

We look forward to assisting you in your post-adoption needs and encourage you to call if you have any questions. As we continue to develop services that will assist adopted adults and birth parents, your feedback is appreciated. Please contact Paula Thompson at [paula@cssutah.org](mailto:paula@cssutah.org) or 801-326-4391.



**Children's  
Service Society**

**Adoption**

## STEPS FOR THE CONNECTIONS PROGRAM

**Step 1: Receiving application information.** This packet of information includes:

- *Search & Reunion Application* form
- Application forms to both the Utah State Mutual-Consent Voluntary Adoption Registry and the International Soundex Reunion Registry
- *Adoptee Affidavit of Consent for Information Exchange* form
- *Adoptee Request for Non-Identifying Information* form (to be completed and sent to the agency if applicant would like a non-identifying or medical information report. This form is not needed for the Connections program, unless you also want a report in addition to reunion)

**Step 2: Join the registries.** Children's Service Society strongly recommends that you sign up for both the Utah State Mutual-Consent Voluntary Adoption Registry and the International Soundex Reunion Registry if you have not already. (If whoever you are looking for is also registered, it will save you a lot of time and the Connections fee!) You should sign up with the registries at least two weeks before turning in your Connections paperwork, to give time for both registries to verify whether there is a match. Send the completed forms to the addresses listed on each application, not to Children's Service Society.

**Step 3: Return of the completed application and affidavit.** Return the completed *Search & Reunion Application* form and the *Adoptee Affidavit of Consent for Information Exchange* form to Children's Service Society, attention Post-Adoption Specialist. The forms must be signed and dated by the applicant (and the applicants' parents if under 18). The \$250 or \$50 hourly fee must be included.

**Step 4: Pre-search interview with Post-Adoption Worker.** You will then be contacted by an agency representative, who will schedule an appointment to discuss your expectation of the search. For instance, some applicants may only want to know current medical information. Some may wish only to exchange letters. Some may wish to have a face-to-face reunion. Any concerns or adoption issues may be discussed at this time.

**Step 5: The search.** CSS provides a confidential intermediary program for searching. We will make the initial confidential contact(s). *No identifying information such as name, address, or telephone number will be provided to either party until both parties agree and have provided a signed Affidavit of Consent for Information Exchange.*

If the birth family **does not** wish to have contact, the confidential intermediary will ask them to share updated medical and social information for the other party. The intermediary will also ask if a letter may be exchanged between the parties. If both parties do not agree to this

exchange, the letter will be kept at the agency until each feels comfortable with receiving the letter. If the contacted party does not wish to provide any information, CSS can proceed no further except to notify the applicant of such.

If the birth family **does** wish to have contact, this will be facilitated by the confidential intermediary until both parties agree to exchange identifying information. At this time the person contacted will also be given the opportunity to consult with a post-adoption worker about their expectations of this new relationship.

**Step 6: Notification regarding search results.** You will be informed as to the outcome of the search. There are many different possible outcomes of a search: The birth family may want to exchange letters only through the agency. They may be okay exchanging identifying information, but still only want to write letters for a time before meeting face to face. Or they may want a face-to-face reunion right away. Once reunion is the outcome, the process will then proceed to Step 7.

Please remember that a reunion may not take place immediately, or ever. Receiving a call after years of not knowing is emotional, and may require time to process. Time must be allowed for *both* parties to feel comfortable with a possible reunion.

**Step 7: Reunion.** A trained social worker can be present to mediate the initial contact between both parties if desired.

**REGARDING OPTIONAL COUNSELING:** Counseling can be helpful any time before or after the reunion to discuss issues related to the adoption or reunion. While this counseling is optional, please be aware that this step may be necessary to help process the emotions, expectations, and experiences of reunion. Counseling with a Children's Service Society social worker is \$70 per hour.



**Children's  
Service Society**

**Adoption**

## CONNECTIONS SEARCH & REUNION PROGRAM APPLICATION

*Please return this form with the \$250 (10 hour) fee or \$50 (hourly) fee. Make check payable to  
Children's Service Society and mail to:*

*Children's Service Society; Attn: Post Adoption Specialist  
655 East 4500 South, Suite 200, Salt Lake City, UT 84107.*

*If you would like to pay the fee online call Becky Davis at 801-326-4395 for instructions, and email  
your application to [becky@cssutah.org](mailto:becky@cssutah.org)*

### Applicant's Contact Information:

Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_

Email address: \_\_\_\_\_

I prefer to communicate via:

☐ phone ☐ email

### The person I wish to establish contact with is:

*(Choose one to begin with-- We are only able to perform one search at a time)*

☐ Birth mother

☐ Birth father

☐ Birth sibling(s)

☐ Birth child

☐ Other (please specify) \_\_\_\_\_

### For Adoptees applying:

Names of adoptive parents: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### For Birth Parents/Siblings applying:

Birthmother's name at time of adoption: \_\_\_\_\_

Child's date of birth (or approximate year of birth, if date is unknown): \_\_\_\_\_

### For Adoptive Parents applying:

Child's name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

*I request and authorize Children's Service Society (CSS) to make all reasonable efforts to locate, contact and share,  
on my behalf all non-identifying information with the person(s) indicated above. I understand that CSS will conduct  
the search with respect for the right to privacy of the person I am seeking.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

UTAH DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS AND STATISTICS

For Vital Records Only

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

**All applicants must complete Sections 1 and 2.**

**Adult Adoptee's MUST** complete **Section 3** and provide as much information as possible in **Section 4.**

**Birth Parent(s)** should complete as much information as possible for **Sections 3 and 4.**

Please note that the **birth date and birth place are required for a match to be made.**

**Section 1** A. Name of Person Registering \_\_\_\_\_  
B. Current Address \_\_\_\_\_  
C. Current Telephone number (including area code) \_\_\_\_\_  
D. Current email address \_\_\_\_\_

**Section 2 Person Registering is** (Please check one)  
A. Adult Adoptee  
B. Birth Parent  
C. Adult Blood Related Brother or Sister of Adoptee

**Section 3 Information about the Adoptee (must be born in Utah):**  
A. Birth Name \_\_\_\_\_ Sex: \_\_\_\_\_  
B. Adoptive Name \_\_\_\_\_  
C. Current Name \_\_\_\_\_  
D. Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Hospital \_\_\_\_\_  
E. Names of Adoptive Parents \_\_\_\_\_  
F. Adoption/Placing Agency \_\_\_\_\_

**Section 4 Information About Adult Adoptees' Birth Parent(s):**  
A. Mother's Current Name \_\_\_\_\_  
B. Mother's Maiden Name \_\_\_\_\_  
C. Mother's Alias Name (if used one) \_\_\_\_\_  
D. Father's Name \_\_\_\_\_

I hereby authorize the Office of Vital Records and Statistics 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** that will be returned to me following registration of this document. I make this affidavit for the purpose of registering, pursuant to Section 78B-6-477 of the Utah Code. I understand that I may withdraw this application at any time by submitting a written, notarized request to Vital Records. I understand that if I withdraw my application, no one will be able to obtain identifying information about me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and Sworn to me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

FOR OFFICE USE ONLY (Do not write below)

**PAID:** Check Cash Money Order Credit Card

Clerk's Initials \_\_\_\_\_

**Total Fee \$25.00**

(UDOH-OVRS-302 Rev. 11/2015)

Request #: \_\_\_\_\_

S  
E  
A  
L

UTAH DEPARTMENT OF HEALTH  
OFFICE OF VITAL RECORDS AND STATISTICS

**APPLICATION FOR INCLUSION IN 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 blood related siblings to find each other. The registry is a result of legislation that was effective April 27, 1987.

The registry is administered by the Utah Department of Health, Office of Vital Records and Statistics. Adult adoptees (at least 18 years of age) who were born in Utah, their blood related siblings, and their birth parents may use the registry.

A form, available from Vital Records, must be used to provide identifying information to the registry. Adult adoptees must be at least 18 years of age to file. However, a birth parent may file at any time. There is a fee of \$25.00 which must be provided 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 Vital Records receives an application from an adult adoptee that matches the application of a birth parent or an adult blood related sibling, identifying information will be provided to the matched applicants.

However, if the adult adoptee has siblings of the same birth parent who are still under 18 years of age AND were raised in the same family as the adult adoptee, Vital Records will not provide the birth parent's identifying information until all siblings are 18 years of age.

All identifying information obtained by the registry is confidential and will be provided only as listed on this form. Those using the registry should update their identifying information with Vital Records as necessary, particularly address and telephone number changes. A \$5.00 fee must be included with each update. An applicant may withdraw from the registry at any time by providing a written, notarized request to Vital Records.

Questions regarding the Utah Mutual-Consent Voluntary Adoption Registry should be directed to the Office of Vital Records.

**OFFICE OF VITAL RECORDS AND STATISTICS**  
**288 N. 1460 W.**  
**P.O. BOX 141012**  
**SALT LAKE CITY, UT 84114**  
**(801) 538-6363**

**TO JOIN THE ADOPTION REGISTRY**

Provide Vital Records with:

- Completed, Notarized Application
- **CERTIFIED** copy of your birth certificate
- Fee of \$25.00
- Copy of current ID front and back

FN	S	DOB	FOR OFFICE USE ONLY	
STAFF			COUNTRY	STATE CODE
			I II	
PLEASE DO NOT WRITE ABOVE THIS LINE				

**PRINT or TYPE LEGIBLY with BLACK INK**

This registration is my ☐ FIRST ENTRY ☐ an UPDATE

I AM THE: ☐ ADOPTEE/CHILD ☐ BIRTH PARENT ☐ BIRTH SIBLING ☐ ADOPTIVE PARENT ☐ OTHER (explain) \_\_\_\_\_

PRESENT NAME \_\_\_\_\_ TELEPHONE # Home \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TELEPHONE # Work/Cell \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**Information about the ADOPTEE / CHILD**

☐ MALE ☐ FEMALE

**Leave BLANK where info is UNKNOWN**

BIRTHDATE (Month/Day/Year) \_\_\_\_\_ TIME \_\_\_\_\_ AM PM BIRTH WEIGHT \_\_\_\_\_ lb \_\_\_\_\_ oz  
 HOSPITAL (Birth Place) \_\_\_\_\_ ATTENDING PHYSICIAN (or other) \_\_\_\_\_  
 CITY OF BIRTH \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 NAME GIVEN AT BIRTH \_\_\_\_\_  
 NAME GIVEN AT ADOPTION \_\_\_\_\_  
 ADOPTIVE PARENT'S NAMES \_\_\_\_\_  
 IF THIS WAS Twins/Triplets, etc How many MALES? \_\_\_\_\_ FEMALES? \_\_\_\_\_ Separated by adoption? ☐ YES ☐ NO Name(s) \_\_\_\_\_  
 BIRTH CERTIFICATE #S \_\_\_\_\_ This Adoption was ~ ☐ PRIVATE ☐ BY AGENCY ☐ STATE/COUNTY  
 NAME OF PLACEMENT AGENCY \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
 ATTORNEY OF RECORD \_\_\_\_\_ COURT OF JURISDICTION \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

**Information about the BIRTH PARENTS *at time of separation***

*Please give as much information as possible. If you are unsure about something include it but place a ? mark next to it. Birthfather info is equally important. Leave blank if unknown..*

**Birth Mother**

**Birth Father**

NAME(S) Used at time of child's birth								
Maiden Name & Nickname(s)								
Signed on Relinquishment/Consent								
BIRTH DATE	AGE AT TIME of CHILD'S BIRTH				AGE AT TIME of CHILD'S BIRTH			
BIRTH PLACE								
MARITAL STATUS								
RELIGION								
EDUCATION								
OCCUPATION / MILITARY BRANCH								
ETHNIC BACKGROUND/ANCESTRY								
PHYSICAL DESCRIPTION	HEIGHT	WEIGHT	HAIR	EYES	HEIGHT	WEIGHT	HAIR	EYES
OTHER CHILDREN'S NAMES								
PARENT'S NAMES								

MAIL TO: INTERNATIONAL SOUNDEX REUNION REGISTRY • ISRR ~ P.O. BOX 371179, LAS VEGAS, NV 89137

I, the undersigned, hereby give my permission to the International Soundex Reunion Registry to release this vital information to person(s) with matching data in order to facilitate contact and confirm relationship(s). I understand this permission is necessary to activate this registration, and for verification of my identity. I will keep my contact information current and notify ISRR if reunited by other means.

**X** Registrant's Signature Required \_\_\_\_\_ Date \_\_\_\_\_

ALTERNATIVE ADDRESS AND/OR PHONE \_\_\_\_\_



**BE SURE TO SIGN & DATE Page 1 in order to activate your registration.**

READ AND FOLLOW THE INSTRUCTIONS ONLINE AND PRINTED WITH THIS FORM ~ ADD ANY ADDITIONAL REMARKS OR INFO INDICATED BELOW

☐ I've attached **REMARKS** on a separate sheet☐ I've attached documents/data. Make sure you've entered all known data on Page 1

ISRR will notify you only when a match is made. If you wish confirmation that your form was received, please make a donation below or include a self-addressed, stamped envelope with your registration or update. **Please do not** send by any means that requires signatures or for our volunteers to wait in line at the post office.



ISRR • P.O. BOX 371179 • LAS VEGAS, NEVADA 89137  
888-886-ISRR • [WWW.ISRR.ORG](http://WWW.ISRR.ORG)



Dear Registrant,

When Julie, a birthmother, was reunited with her daughter; Ronald with his birthfather; or Jeffrey with his brother and two sisters; none of them had ever really expected an end to their search and to experience the joys of the reunions that followed.

Since 1975, many thousands had their dreams come true by simply registering with the International Soundex Reunion Registry. You, too, are given this same hope and opportunity.

This registry has always been provided without cost to its registrants, because of time given by our dedicated volunteers and contributions given by individuals registering here.

Naturally, costs are incurred in the operation and maintenance of your registry, a cost that increases annually. Won't you please help to ensure your registry will continue to serve you, and so many others? Your generosity matters. It touches the lives of all those registered now, and long into the future. Send your contribution today. All donations are gratefully accepted.

*The ISRR Voluntary Board of Trustees thanks you.*

YES! I want to help.

Enclosed please find my contribution: \$ \_\_\_\_\_

☐ CHECK☐ MONEY ORDER
☐ DONATED VIA **PAYPAL**  
Attach Copy of Donation Receipt

Name : \_\_\_\_\_

Address: \_\_\_\_\_

Make payable to: **ISRR**

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Please charge my contribution to: ☐ Visa ☐ MasterCard ☐ Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Please send my receipt by Email ☐ US Mail ☐

*Donation receipts will serve to confirm the date ISRR received and processed your attached registration or update.*

With this receipt please include any data ISRR has on the state/country where this registration's birth occurred:

Choose one State, Province or Country

I AM THE: ☐ ADOPTEE/CHILD ☐ BIRTH PARENT ☐ BIRTH SIBLING ☐ OTHER (explain) \_\_\_\_\_

"In all of us there is a hunger, marrow-deep, to know our heritage, to know who we are -- and where we come from. Without this enriching knowledge, there is a hollow yearning, there is the most disquieting --- loneliness." ~ Alex Haley ~ *Roots*

ISRR has been serving families since 1975 ~ Making Matches for Registrants ~ Sharing in Your Reunions  
Your Contributions help us help you and all the others touched by family separation. THANK YOU!

TO MAKE A SECURE DONATION  
VIA PAYPAL ~ CLICK HERE

"United today for the reunions of tomorrow"  
your contributions are tax-deductible



**Children's  
Service Society**

**Adoption**

## **ADOPTEE AFFIDAVIT OF CONSENT TO INFORMATION EXCHANGE**

I, \_\_\_\_\_, born \_\_\_\_\_,  
*Full Name* *Date of Birth*

the adopted child of \_\_\_\_\_,  
*Adoptive Parents' Names*

☐ give my consent      ☐ refuse my consent      ☐ revoke my consent

to Children's Service Society to release to (check all that apply):

☐ Birthmother      ☐ Birth Grandparents  
☐ Birthfather      ☐ Birth Siblings  
☐ Other (please specify): \_\_\_\_\_

The following identifying information (check all that apply and enter applicable information):

☐ My first name \_\_\_\_\_ ☐ My full name \_\_\_\_\_  
☐ My phone number \_\_\_\_\_ ☐ My address \_\_\_\_\_  
☐ My e-mail address \_\_\_\_\_

I realize that consenting to release identifying information may enable my birth parent or other party specified to contact me. This does not necessarily mean that my birth parent or other party *will* contact me.

I understand that copies of this document will be kept on file by Children's Service Society. If I change my mind about any of the above decisions at any time in the future, I may file another statement giving, denying, or revoking consent with Children's Service Society.

I certify the information on this form is accurate to the best of my knowledge.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Attach a copy of photo ID as proof of identity, and return to CSS:**

Children's Service Society  
Attn: Post-Adoption Worker  
655 East 4500 South, Suite 200  
Salt Lake City, UT 84107

Or email to [becky@cssutah.org](mailto:becky@cssutah.org)



**Children's  
Service Society**

**Adoption**

## **ADOPTEE REQUEST FOR NON-IDENTIFYING INFORMATION**

*\*Use this form if you would just like a report written from information in your file. You do not need to send this form in if you are signing up for the Connections Program, unless you would also like the report.\**

Check the appropriate items and complete the requested information.  
Please include a copy of your current picture ID and return this form to:

Children's Service Society  
Attention: Post Adoption Specialist  
655 East 4500 South, Suite 200  
Salt Lake City, UT 84107

- ☐ Send medical information only. Enclosed is \$20.
- ☐ Send non-identifying information (*this will include medical information*). Enclosed is \$50.
- ☐ I give Children's Service Society permission to contact me in the event that there has been or ever will be a contact by my parents by birth, my siblings by birth, or my grandparents by birth.
- ☐ I give Children's Service Society permission to reveal to members of my birth family that I have contacted the agency for information.

*Your non-identifying information report will be mailed to you. Please provide an e-mail address if you would like us to e-mail it to you as well.*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Adoptive Parents' Names \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date