

5. Name and address of adoptive mother and father (include name even if deceased).

Mother _____
 Last First Middle Maiden

Father _____
 Last First Middle

_____ Mailing address _____ Zip code

6. Siblings and/or 2nd degree relatives with whom you would like to be in contact.

Name and Relationship	Date of Birth	Last Known Address (include zip code)
1.		
2.		
3.		
4.		
5.		

7. Provide any other information you feel will be helpful in processing this application (use page 4 if additional space is necessary)

C. 1. Name and address of birth mother

_____ Last First Middle Maiden

_____ Mailing address _____ Zip code _____ () Phone

2. Name and address of birth father

_____ Last First Middle

_____ Mailing address _____ Zip code _____ () Phone

3. Name(s) given to child(ren) at birth with whom you would like to be in contact.

Name	Date of Birth	Birthplace Hospital/City/State	Date Released For Adoption
1.			
2.			
3.			
4.			
5.			

4. Provide any other information you feel would be helpful in processing this application. (Use page 4 if necessary)

D. COUNSELING STATEMENT (To be completed by counselor for persons who are registering to receive identifying information only)

I hereby confirm that _____
Name of Registrant
of _____
Address
_____ completed a one hour counseling session on _____ as
Date of Birth Date
required for registration with the Mutual Consent Voluntary Adoption Registry of the State of Arkansas.

_____ Signature of Counselor	_____ Title	_____ Date
_____ Agency name	_____ Agency address	
_____ Phone Number	_____ License Number	_____ Effective Date

E. IDENTIFICATION AND NOTARIZATION OF AFFIDAVIT/REGISTRATION (ALL REGISTRANTS MUST COMPLETE SECTION E.)

State of _____)
County of _____)

I _____
Name of Registrant
solemnly attest that all of the information provided on this affidavit
Is true and accurate to the best of my knowledge under the penalty of perjury. I have provided proof of
identification to the notary public whose signature appears below.

Signature of Registrant
(Signature must be notarized)

SWORN TO BEFORE ME THIS

_____ day of _____ 20__

mailing address of registrant

Notary Public
My commission expires _____

**NOTARY
SEAL**

Space for Additional Comments