pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Pennsylvania Adoption Information Registry
Adoptee Authorization to Release Information and Registration Form

Completing this form is voluntary. However, we encourage you to provide as much information as you can. You may choose to:

1. release information that will identify you to your birth parents or other family members;
2. provide only non-identifying information that will not identify you; or
3. both.

Each section of this form is designated as identifying or non-identifying. Please type or print in black or blue ink. If you don't know or are unsure about an answer, leave it blank.

Identifying information will include names and contact information.

Non-identifying information does not include names and contact information but does include medical, social and educational information, etc.

Please check the appropriate choice below:

☐ I am providing information for the first time. ☐ I am updating information previously submitted.

Please indicate your relationship to the child for whom you are completing this information:

☐ Adoptee at least 18 ☐ Adoptive parent of an adoptee under 18

I. ADOPTEE'S INFORMATION

ADOPTEE'S CURRENT NAME (Last, First, Middle)		ADOPTEE'S NAME RECORDED ON ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)		GENDER	☐ MALE ☐ FEMALE	
PLACE OF BIRTH	COUNTY	CITY/MUNICIPALITY	STATE	HOSPITAL (if known)
LOCATION WHERE ADOPTION WAS FINALIZED (City/County, State)		DATE ADOPTION WAS FINALIZED (MM/DD/YYYY)		
CURRENT STREET ADDRESS		CITY	STATE	ZIP CODE

AUTHORIZATION TO RELEASE IDENTIFYING INFORMATION

You may select as many or as few of the choices listed below as you wish. I agree to release **identifying** information to the individuals checked below:

☐ My birth parent, provided I am at least 21.

☐ Parent of my birth parent if I am at least 21, if my birth parent is incapacitated or deceased.

☐ Survivor of my birth parent if I am at least 21.*

My birth sibiling if we are both 21 and:

- ☐ My sibling remained with the birth parent and has consent of the birth parent, unless incapacitated or deceased.
- ☐ My sibling and I were both adopted out of the same birth family.
- ☐ My sibling was not adopted out of the same birth family but did not remain with the birth parent.

☐ My descendants.

*Birth Parent Survivor includes the deceased birth parent's spouse, parent, sibling, child (birth, adoptive and stepchild), grandchild, aunt, uncle, children of aunts and uncles if no other relatives survive and children of grandchildren if no other relatives survive.

Even if you choose to release identifying information to your birth parent/birth parent survivor, you may specify that you do or do not wish contact.

☐ I wish to have contact with my birth family member. ☐ I do not wish to have contact with my birth family member.

I understand that by my signature below, I am agreeing to the release of identifying information to the people checked above. I may change this consent at any time by updating this form or by submitting a Withdrawal of Authorization to Release Information Form.

SIGNATURE OF ADOPTEE (IF AT LEAST 18) OR ADOPTIVE PARENT (FOR ADOPTEE UNDER 18)		DATE	

P.O. Box 4379, Harrisburg, PA 17111-0379 | 1.800.227.0225 | www.adoptpakids.org

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Pennsylvania Adoption Information Registry
Adoptee Authorization to Release Information and Registration Form

REGISTRATION INFORMATION

II. BIRTH MOTHER'S INFORMATION IF KNOWN (IDENTIFYING)

BIRTH MOTHER'S NAME (Last, First Middle)	PREVIOUS NAMES (Include maiden name, nicknames, and aliases. Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)	**(AREA CODE) DAYTIME TELEPHONE**		
STREET ADDRESS	**CITY**	**STATE**	**ZIP CODE**

BIRTH MOTHER'S BACKGROUND INFORMATION (NON-IDENTIFYING)

RACE/ETHNICITY (Check all that apply)

☐ American Indian/Alaska Native ☐ Asian ☐ African American/Black ☐ Native Hawaiian/Pacific Islander
☐ White ☐ Other _____ Ethnicity Hispanic: ☐ Yes ☐ No

HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	HAIR TYPE
				☐ Curly ☐ Straight

COMPLEXION	HANDEDNESS
☐ Light ☐ Olive ☐ Medium ☐ Dark	☐ Right-handed ☐ Left-handed

III. BIRTH FATHER'S INFORMATION IF KNOWN (IDENTIFYING)

BIRTH FATHER'S NAME (Last, First Middle)	PREVIOUS NAMES (Include nicknames and aliases. Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)	**(AREA CODE) DAYTIME TELEPHONE**		
STREET ADDRESS	**CITY**	**STATE**	**ZIP CODE**

BIRTH FATHER'S BACKGROUND INFORMATION (NON-IDENTIFYING)

RACE/ETHNICITY (Check all that apply)

☐ American Indian/Alaska Native ☐ Asian ☐ African American/Black ☐ Native Hawaiian/Pacific Islander
☐ White ☐ Other _____ Ethnicity Hispanic: ☐ Yes ☐ No

HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	HAIR TYPE
				☐ Curly ☐ Straight

COMPLEXION	HANDEDNESS
☐ Light ☐ Olive ☐ Medium ☐ Dark	☐ Right-handed ☐ Left-handed

IV. ADOPTIVE PARENT'S INFORMATION (IDENTIFYING)

ADOPTIVE PARENT'S NAME (Last, First Middle)	MAIDEN NAME (if applicable)		
DATE OF BIRTH (MM/DD/YYYY)	**(AREA CODE) DAYTIME TELEPHONE**		
STREET ADDRESS	**CITY**	**STATE**	**ZIP CODE**

ADOPTIVE PARENT'S INFORMATION (IDENTIFYING)

ADOPTIVE PARENT'S NAME (Last, First Middle)	MAIDEN NAME (if applicable)		
DATE OF BIRTH (MM/DD/YYYY)	**(AREA CODE) DAYTIME TELEPHONE**		
STREET ADDRESS	**CITY**	**STATE**	**ZIP CODE**

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Pennsylvania Adoption Information Registry
Adoptee Authorization to Release Information and Registration Form

V. ADOPTEE'S BACKGROUND INFORMATION (NON-IDENTIFYING)

HIGHEST GRADE LEVEL ACHIEVED	☐ High School	☐ Some College	☐ College	☐ Graduate Degree
I WOULD DESCRIBE MYSELF AS:	☐ Lower Income	☐ Middle Income	☐ Upper Income	
MARITAL STATUS	☐ Single	☐ Married	☐ Divorced	☐ Widowed
CHILDREN	☐ Boy # _____		☐ Girl # _____	

RACE/ETHNICITY (Check all that apply)

☐ American Indian/Alaska Native ☐ Asian ☐ African American/Black ☐ Native Hawaiian/Pacific Islander
☐ White ☐ Other _____ Ethnicity Hispanic: ☐ Yes ☐ No

HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	HAIR TYPE
				☐ Curly ☐ Straight

COMPLEXION	HANDEDNESS
☐ Light ☐ Olive ☐ Medium ☐ Dark	☐ Right-handed ☐ Left-handed

VI. ADOPTEE'S PREGNANCY INFORMATION (NON-IDENTIFYING)

AGE AT FIRST MENSTRUAL PERIOD	IF APPLICABLE, AGE AT MENOPAUSE	NUMBER OF PREGNANCIES
NUMBER OF LIVE BIRTHS	**NUMBER OF MISCARRIAGES**	**MULTIPLE BIRTHS**
		☐ Twins ☐ Triplets ☐ Other: _____

HISTORY OF REPRODUCTIVE SYSTEM PROBLEMS ☐ YES ☐ NO (If YES, check all that apply below)

☐ Irregular Periods ☐ Painful Periods ☐ Fibroid Tumors (Benign) ☐ Ovarian Cysts (Benign)
☐ Endometriosis ☐ Other _____

COMPLICATIONS DURING PREGNANCY ☐ YES ☐ NO (If YES, check all that apply below)

☐ Bleeding ☐ Toxemia ☐ Urinary Tract Infections ☐ Gestational Diabetes ☐ Other _____

ANY INJURY DURING PREGNANCY? ☐ YES ☐ NO (If YES, describe below)

X-RAY PROCEDURES DURING PREGNANCY? ☐ YES ☐ NO (If YES, Month of Pregnancy: _____)

If YES, purpose of X-Ray:

DISEASES DURING PREGNANCY? ☐ YES ☐ NO (If YES, list below)

DISEASE	TREATMENT

LENGTH OF PREGNANCY? ☐ Premature - Number of weeks early:_____ ☐ Full-Term ☐ Post-Term - Number of weeks late:_____

TOBACCO USE DURING PREGNANCY? ☐ YES ☐ NO (If YES, Average number of cigarettes daily: _____)

ALCOHOL USE DURING PREGNANCY? ☐ YES ☐ NO (If YES, Average number of drinks weekly: _____)

LIST OVER-THE-COUNTER, PRESCRIPTION, LEGAL AND ILLEGAL DRUGS TAKEN DURING PREGNANCY

DURATION OF LABOR Hours: _____ **TYPE OF DELIVERY** ☐ Spontaneous ☐ Foreceps ☐ Breech ☐ Caesarean

COMPLICATIONS DURING DELIVERY? ☐ YES ☐ NO (If YES, describe below)

Pennsylvania Adoption Information Registry
Adoptee Authorization to Release Information and Registration Form

VII. ADOPTEE'S MEDICAL HISTORY (NON-IDENTIFYING)

This section is for the adoptee or the adoptee's adoptive family or legal guardian to complete medical information about the adoptee. Check all that apply.

ALLERGIES				
ENVIRONMENTAL	☐	FOOD	☐	OTHER (specify):
PLANT	☐			
ANIMAL	☐	DRUG/CHEMICAL	☐	
EAR & EYE CONDITIONS				
CATARACTS	☐	FAR-SIGHTED	☐	OTHER (specify):
GLAUCOMA	☐			
COLOR BLINDNESS	☐	ASTIGMATISM	☐	
BLINDNESS	☐	Cause: ☐ Hereditary ☐ Non-hereditary		Type: ☐ Partial ☐ Total
DEAFNESS	☐	Cause: ☐ Hereditary ☐ Non-hereditary		Type: ☐ Partial ☐ Total
BLOOD, HEART & CIRCULATORY CONDITIONS				
HEART ATTACK	☐	HIGH BLOOD PRESSURE	☐	OTHER (specify):
STROKE	☐	ANEMIA	☐	
HARDENING OF THE ARTERIES	☐	HEMOPHILIA	☐	
BLOOD CLOTS IN THE LEGS	☐	SICKLE CELL ANEMIA	☐	
BRAIN & NERVOUS SYSTEM CONDITIONS				
ALZHEIMER'S DISEASE	☐	PARKINSON'S DISEASE	☐	OTHER (specify):
MULTIPLE SCLEROSIS	☐	MIGRAINE HEADACHES	☐	
EPILEPSY & OTHER SEIZURE OR CONVULSIVE CONDITIONS	☐	HUNTINGTON'S DISEASE	☐	
CEREBRAL PALSY	☐	TOURETTE'S SYNDROME	☐	
HORMONAL DISORDERS				
DIABETES	☐	OTHER (specify):		
THYROID DISORDER	☐	Specify: ☐ Overactive thyroid ☐ Underactive thyroid ☐ Goiter ☐ Iodine deficiency		
PITUITARY GLAND DISORDER	☐	Specify: ☐ Excessive Hormone ☐ Reduced Hormone ☐ Growth hormone deficiency		

INTELLECTUAL & DEVELOPMENTAL CONDITIONS					
DOWN SYNDROME		OTHER (specify):			
PERVASIVE DEVELOPMENTAL DISORDER OR AUTISM					
MENTAL RETARDATION		Cause: ☐ Hereditary	☐ Non-hereditary		
SPEECH/COMMUNICATION DISORDERS		Cause: ☐ Brain damage	☐ Developmental delay	☐ Structural abnormality (mouth)	
LEARNING DISORDERS		Specify: ☐ Dyslexia (reading)	☐ Dysgraphia (writing)	☐ Minimal brain damage	

MENTAL & BEHAVIORAL CONDITIONS				
SCHIZOPHRENIA		ATTENTION DEFICIT DISORDER (ADD)		OTHER (specify):
ANXIETY DISORDER		ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)		
MAJOR DEPRESSIVE DISORDER				
BIPOLAR DISORDER (MANIC DEPRESSIVE)		DRUG ABUSE		
ALCOHOLISM		POST-TRAUMATIC STRESS DISORDER		
OBESSIVE COMPULSIVE DISORDER		ANOREXIA NERVOSA		

GASTROINTESTINAL URINARY SYSTEM CONDITIONS				
KIDNEY DISEASE		Cause: ☐ Hereditary	☐ Non-hereditary	
LIVER DYSFUNCTION		Cause: ☐ Hereditary	☐ Non-hereditary	
GALL BLADDER DISORDER		Cause: ☐ Gall stones	☐ Infection	☐ Tumor
ULCERS		OTHER (specify):		
DIVERTICULITIS				
ULCERATIVE COLITIS/ CROHN'S DISEASE				

CANCER				
BLOOD (Leukemia)		BRAIN		OTHER (specify):
COLON		HODGKIN'S DISEASE		
PROSTATE		PANCREAS		
UTERINE		LIVER		
BREAST		OVARIAN		
LUNG		CERVICAL		
SKIN		STOMACH		
BONE		THROAT		

Pennsylvania Adoption Information Registry
Adoptee Authorization to Release Information and Registration Form

GENETIC CONDITIONS				
MUSCULAR DYSTROPHY		MARFAN'S SYNDROME		OTHER (specify):
SPINA BIFIDA		TAY-SACHS DISEASE		
CLUB FOOT		HARE LIP		
DWARFISM		CLEFT PALATE		
CYSTIC FIBROSIS				

OTHER CONDITIONS				
HIGH CHOLESTEROL		OBESITY		OTHER (specify):
ARTHRITIS		LUPUS		
ASTHMA				
EXPOSURE TO CHEMICALS & TOXIC MATERIALS		Specify:		

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (section 9404 of the Pennsylvania Crimes Code). Further, I understand that it is my responsibility to notify the registry of any change in my address or submitted information.

SIGNATURE		DATE	

P.O. Box 4379, Harrisburg, PA 17111-0379 | 1.800.227.0225 | www.adoptpakids.org