CONTACT PREFERENCE FORM FOR BIRTH PARENTS OF ADOPTED CHILDREN

The Oregon Center for Health Statistics needs the following information and fee to find and match your request with your records. (Please print legibly)

Name of child on original birth record: ____________________________
Date of birth: ____________ Sex: Male Female Hospital: _____________________
County: ___________________ City: ________________________________
Mother's name (as shown on birth certificate): __________________________
Adoption agency involved with adoption (if known): ______________________
Fee for filing form: $25

IF THE ORIGINAL BIRTH CERTIFICATE IS RELEASED, WHAT IS YOUR PREFERENCE ABOUT CONTACT WITH THE ADOPTEE?

The Center for Health Statistics cannot accept this Contact Preference Form unless it is fully completed.

I am the: □ birth mother  □ birth father  Date: _________________

Please check one of the three boxes and provide the required information.

I would like to be contacted. My current name: __________________________
Address: __________________________ Telephone: ______________________

I would prefer to be contacted only through an intermediary.
Name of intermediary: ______________________ Telephone: ________________

I prefer not to be contacted at this time. If I decide later that I would like to be contacted, I will register with an Oregon voluntary adoption registry.* I have completed a Birth Parent Updated Medical History form (Form CF 246R) and have filed it with an Oregon voluntary adoption registry. Attached is a Certificate of Receipt of Birth Parent Updated Medical History form (Form CF 247R) from an Oregon voluntary adoption registry verifying receipt of the Birth Parent Updated Medical History form. **IF NO CONTACT IS YOUR PREFERENCE YOU MUST:**

1. Request and complete a Birth Parent Updated Medical History (Form CF 246R) form from an Oregon voluntary adoption registry.*
2. Request from an Oregon voluntary adoption registry a Certificate of Receipt of Birth Parent Updated Medical History form (Form CF 247R), attach it to the completed Contact Preference Form and submit it to the Oregon Center for Health Statistics.

For additional information or forms, please contact the adoption agency involved with the adoption or either of the following offices:

Oregon Center for Health Statistics  Adoption Search and Registry
Certification Unit  DHS/Child Welfare Program
PO Box 14050  500 Summer Street, NE, E-71
Portland OR 97293-0050  Salem, OR 97301
971-673-1190  503-945-6643

*Voluntary adoption registries may be maintained by the adoption agency involved with your child’s adoption. Contact those agencies directly or contact the Oregon Voluntary Adoption Registry maintained by the State Office for Services to Children and Families.