

General Register Office

Application for an Adopted Person to apply for entry onto Part 1 of the Adoption Contact Register

Please use Part 1 guidance notes when completing this form

The Adoption and Children Act of 2002 provides for the Registrar General to operate an Adoption Contact Register. The purpose of the Register is for adopted people and their birth relatives to register their contact wishes. A wish for no contact can also be registered.

In order to register on Part 1 of the Contact Register you must be aged 18 years or over.

A record of your birth or adoption must be held by the Registrar General.

The registration fee for an adopted person is £15.00.

If you are an adopted person and a relative you want to contact is also adopted you may wish to register on both parts 1 and 2.

Please be aware that the General Register Office (GRO) does not trace. Birth relative(s) must also register a wish for contact for a link to be made.

Section 1 - Your Current Details						
1.1	Surname					
	Forename(s)					
	Address					
	Postcode					
1.2	Country					
	Telephone Number					
	Email Address					
1.3	I am happy for GRO to correspond with me by email	Yes	No			
			•			

	Section 2 - Intermediary Details						
	If you do not wish to use a third party move to section 3						
2.1	Intermediary Contact Name / Organisation						
	Address						
	Postcode						
	Country						
	Telephone Number						
	Email Address						

*Required

If you do not know the required * birth details in section 3, you may wish to contact GRO regarding Access to your Birth Registration details

	Section 3 - Your Bi	rth Details			
3.1	*Birth surname				
	*Birth forename(s)				
	*Date of birth	Day	Day Month Year		Year
	*Sex	Male	I	Female	
	Place of birth (if known)			<u>I</u>	
	Birth mother's surname at time of your birth (if known)				
3.2	Birth mother's forename(s) (if known)				
	Birth mother's maiden name (if known)				
	Birth father's surname (if known)				
	Birth father's forename(s) (if known)				
	Costion A. Vous Ado	ntion Detaile			
4.1	Section 4 - Your Adoptive surname	ption Details			
	Adoptive forename (s)				
	Adoptive mother's surname				
	Adoptive mother's forename				
	Adoptive father's surname				
	Adoptive father's forename				
	Year of adoption (if known)				
	Name of court (if known)				
		_			
	Section 5 - Decl				-
	ase complete the declaration as required by Regulation 6(2) pisters Regulations 2005	of the Adopte	ed Children	and Adopti	ion Contact
1106	isters negulations 2003				
5.1	l (current full name)				
	, , , , , , , , , , , , , , , , , , ,				
	of (state your current address)				
	(your date of birth)				
	Wish to have my name and address entered in Part 1of the Adoption Contact Register.				
F 2	Luciale to contact the following polatice (a)				
5.2	I wish to contact the following relative(s)				
5.3	I do not wish to contact the following relative(s)				
	I understand I may withdraw this notice at any time				
5.4	Date:				

By completing Section 5 above you are declaring that you are the adopted person and you wish to have your details entered on to Part 1 of the Adoption Contact Register. In order to have their details entered onto Part 2, your birth relatives are also required to sign a declaration stating their relationship to you.

Signed:

Section 6 - Payment Details

Please note this page will be destroyed once your application has been processed

The Contact Register registration fee for an adopted pers	on is £15.00.											
Cheques or postal orders must be made payable to HM Passport Office Payment from outside the UK made by cheque, international money order or draft should be expressed in Sterling, made payable to HM Passport Office and bear the name of a UK clearing bank. If you wish to pay by credit or debit card please complete the payment details below												
						Do not send cash.						
Card Type	ard Maestro											
Please debit my card £ ☐ ☐ ■ ☐ ☐												
Card Number												
Security Number (last three digits found on the signature strip	of your card)											
Start date \(\sum \subset \sum \subset \subse												
Issue No (if applicable)												
Signature	Date											
Before returning this form to the address below please ch	eck that you have:											
Completed the form in full including your contact wis	shes											
☐ Signed and dated the declaration												
Enclosed postal order or cheque for £15.00 made payable to HM Passport Office or												
Completed credit/debit card details												
Adoptions Section Room C202 General Register Office Trafalgar Road Southport Merseyside PR8 2HH	Tel: 0300 123 1837 Text Relay: 18001 0300 123 1837 Email: adoptions@gro.gov.uk Website: www.gov.uk/adoption-records											

General Register Office: part of the His Majesty's Passport Office