

Deaconess Pregnancy & Adoption

8308 N. May Ave., Suite 100 ♦ Oklahoma City, Oklahoma 73120 ♦ (405) 949-4200
www.dpaok.org

SEARCH & REUNION SERVICES

We truly believe adoption is a lifelong journey and we want to help support you through it. We understand that many adoptees and birth parents have unanswered questions or may want to visit their roots. We also recognize those decisions involve an array of emotions.

For adoptees, we offer four service options, ranging from information gathering to reunion and relationship. Birth parents have access to both the Mutual Consent Registry and Confidential Intermediary Search.

Please note, information can only be released to the birth parent, adoptee, or their direct descendant if they are deceased. Proof of relationship is required. Financial assistance is available for all services.

Non-Identifying Information (\$50 Fee):

In this service, the file is reviewed for the social and medical history of the birth family that was given at the time of placement. We also review a one-page description (if available) that was often given to adoptive parents at that time with very basic information about the birth family, such as age at time of placement, height, eye color, etc.

To request this service, please complete the form entitled *Consent for Release of Adoption Information* and submit with two forms of identification.

Native American Roll Application (\$50 Fee):

In this service, the agency will assist the adoptee in completing enrollment forms for the tribe and submit all available confidential information on your behalf.

To request this service, please complete the form entitled *Consent for Release of Adoption Information* and submit with two forms of identification.

Mutual Consent Registry (\$100 Fee):

For those not wishing to do an active search, the registry is a way to indicate a desire for contact if the other party does the same. In this service, the initiating party (adoptee or birth parent age 18 or over) completes a Waiver of Confidentiality. In the event the other party also completes a Waiver, a reunion will be facilitated, even if it is many years down the line. If the other party does not complete the form, no attempt to search is made.

To participate in this service, please complete the form entitled *Waiver of Confidentiality* and submit with two forms of identification. If the other party has not submitted a Waiver, this fee can be transferred toward the cost of a Confidential Intermediary Search if desired.

Confidential Intermediary Search (\$200 Fee/\$150 Fee for additional search):

For those desiring to search for their birth family or the child they placed, our staff will procure information from our archived records to conduct an internet search for the desired party. If located, we will make contact and see if the person is interested in a reunion. If all parties are interested, we will help facilitate contact in the initial stages and ongoing as needed. There is no guarantee we will be able to locate the other party or that a reunion will occur, but we will always provide support to anyone interested in this process.

To participate in this service, please complete the form entitled *Request for Confidential Intermediary Search* and submit with two forms of identification.

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CONSENT FOR RELEASE OF ADOPTION INFORMATION

Your Name: _____

Address: _____

City/State/Zip: _____

Phone Number: (____) _____

Email: _____

Information requesting:

____ Non-Identifying Social and Health History - \$50.00 fee

____ Native American Enrollment Application - \$50.00 fee

If known, please answer the following questions regarding the adoption.

Birth Mother's Name: _____ Alias: _____

Birth Father's Name: _____ Child's Birth Name: _____

Child's Adoptive Name: _____ Child's Date of Birth: _____

Adoptive Parent's Names: _____

I understand this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent. _____ (Initials)

I hereby release Deaconess Pregnancy and Adoption and its employees and agents from any liability or responsibility relating to or arising out of the release of the above requested information. _____ (Initials)

Regarding Non-Identifying information, by state law, you must be advised that:

The information authorized for release may include records which may indicate the presence of communicable or venereal disease which may include, but are not limited to diseases such as hepatitis, syphilis, gonorrhea and human immunodeficiency virus, also known as acquired immunodeficiency syndrome (AIDS).

I authorize and request Deaconess Pregnancy & Adoption, LLC to release non-identifying medical and social health history, including medical information as available. _____ (Initials)

Signature

Date

State of _____

County of _____

Signed or attested before me on the _____ day of _____, 20____.

My Commission Expires: _____

Notary Public: _____

Please attach two of the following verifications of identity:

- Birth Certificate
- Social Security Card
- Driver's License

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WAIVER OF CONFIDENTIALITY

We recognize that while some parties may have a strong desire to obtain identifying information, others may not. This program is voluntary for all participants and fully recognizes the right to privacy and confidentiality of all people involved.

I, _____, (adoptee, birthparent, relative), do hereby request and authorize Deaconess Pregnancy & Adoption to release confidential information in my records, including my present name and contact information as marked below to the party/parties I indicate here:

Release to: Birth parents Adoptee Relatives

Your Name: _____ Release? Yes No

Address: _____ Release? Yes No

City/State/Zip: _____

Phone Number: (____) _____ Release? Yes No

Email: _____ Release? Yes No

If known, please answer the following questions regarding the adoption.

Birth Mother's Name: _____ Alias: _____

Birth Father's Name: _____ Child's Birth Name: _____

Child's Adoptive Name: _____ Child's Date of Birth: _____

Adoptive Parent's Names: _____

I understand this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent. _____ (Initials)

I hereby release Deaconess Pregnancy and Adoption and its employees and agents from any liability or responsibility relating to or arising out of this program. _____ (Initials)

Signature

Date

State of _____

County of _____

Signed or attested before me on the _____ day of _____, 20____.

My Commission Expires: _____

Notary Public: _____

Please attach two of the following verifications of identity:

- Birth Certificate
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REQUEST FOR CONFIDENTIAL INTERMEDIARY SEARCH

We recognize that while some parties may have a strong desire to obtain identifying information, others may not. This program is voluntary for all participants and fully recognizes the right to privacy and confidentiality of all people involved.

Your Name: _____

Address: _____

City/State/Zip: _____

Phone Number: (____) _____

Email: _____

If known, please answer the following questions regarding the adoption.

Person you want to contact: _____ Your relationship to this person: _____

Birth Mother's Name: _____ Alias: _____

Birth Father's Name: _____ Child's Birth Name: _____

Child's Adoptive Name: _____ Child's Date of Birth: _____

Adoptive Parent's Names: _____

I hereby request that Deaconess Pregnancy & Adoption conduct a confidential search for the above listed person.

I understand that there is no guarantee that the person I am seeking will be located. I understand that upon location, the person being sought will be informed about the provisions of the Agency's Reunion Registry and the Confidential Intermediary Search Program. If the person I am searching for is contacted, and declines to give her/his consent, I understand that no identifying information will be released to me, according to Chapter 75 of the Oklahoma Adoption Code, Section 45. _____ (Initials)

I hereby release Deaconess Pregnancy & Adoption (DPA) and its employees and agents from any liability or responsibility relating to or arising out of this program. _____ (Initials)

I understand that no pressure to participate will be placed on the person I am seeking. I understand that I will not be entitled to a refund of fees in the event that the search is unsuccessful, the person contacted declines to register on the Reunion Registry, or for any other reason once payment has been made to DPA. _____ (Initials)

Signature

Date

State of _____

County of _____

Signed or attested before me on the _____ day of _____, 20____.

My Commission Expires: _____

Notary Public: _____

Please attach two of the following verifications of identity:

- Birth Certificate
- Social Security Card
- Driver's License