

**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR SOCIAL SERVICES
Office of Children and Family Policy
350 Capitol Street, Room 691
Charleston, West Virginia 25301
Telephone: (304) 352-4429 FAX: (304) 558-4563**

Explanation

WEST VIRGINIA MUTUAL CONSENT VOLUNATRY ADOPTION REGISTRY

The purpose of this Registry is to provide a centralized location wherein adult adoptees who were born in West Virginia and the birth parents of such adoptees may register their willingness to have their identity and whereabouts disclosed to each other and to provide for the release of this information once each party has voluntarily registered.

The Registry will also provide non-identifying background information to birth parents, adoptive parents, and adult adoptees upon request.

A. DEFINITION OF TERMS

IDENTIFYING INFORMATION may include current names, addresses, telephone numbers, previous names, specific dates and places, and any other data on record which might lead directly to the other party.

NON-IDENTIFYING INFORMATION may consist of ages at the time of placement, general appearance, educational background, religion, sex of siblings, circumstances of pregnancy and placement, talents, hobbies, interests, and medical or other family background. No names, dates or places can be used in non-identifying information.

B. ELIGIBILITY

Only birth parents and adult adoptees may register their consent for the release of identifying information. In addition to birth parents and adult adoptees, adoptive parents of minor children may request non-identifying information.

Anyone applying to or receiving information from the Registry must be at least 18 years old. Likewise, information can only be released on those persons who are least 18 years old and have no birth siblings under the age of 18 in adoptive homes.

The adoptee involved in any application must have been born in West Virginia.

C. REGISTRY LISTING

Anyone meeting the eligibility requirements may submit a Registry application to consent to the release of their current identifying information. Once a completed, signed, and notarized form has been submitted to the West Virginia Office of Social Services, the Registry will be checked for a match. Since a match depends upon voluntary contact from both parties, the amount of time for a match will vary and, in some cases, may never occur. However, once a match is made, both parties will be notified immediately to arrange for the required counseling so that the information can be released as soon as possible.

D. REQUIRED COUNSELING

West Virginia law requires that each person reunited through the Registry process receive no less than one hour of counseling regarding adoption and reunion issues before identifying information can be released.

Each person must receive his/her own counseling prior to a reunion. The counseling must be done by a licensed social worker or counselor employed by the West Virginia Department of Health and Human Resources.

If a registrant does not live in West Virginia, arrangements can be made with a local counselor or therapist who is knowledgeable about adoption and reunion issues and who is approved for this purpose by the West Virginia Department of Health and Human Resources. Out-of-state registrants may contact their local human services office for a listing of appropriate local counselors.

E. COURT ORDERS

Unless both parties apply to the Registry, the only other way to receive identifying information is through an order from the court in which the adoption occurred. Court orders must be issued by a judge and the original, signed order should be sent to the West Virginia Office of Social Services. We will release a copy of the requested information, including any identifying information, upon receipt of the court order.

F. REQUESTS FOR BACKGROUND INFORMATION

The Registry also handles requests for the release of non-identifying information. This information is available only to birth parents, adult adoptees, and adoptive parents. However, any of these parties may obtain their non-identifying information without the consent of the other parties, as long as the eligibility requirements are met.

ADULT STATE WARDS, those people who remained in state custody until the age of majority and were never adopted, are not included in this Registry. Since these people were never adopted, their records were never sealed, and they can obtain their complete file without a court order by contacting social service staff in the county office last responsible for providing services to the State Ward.

**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR SOCIAL SERVICES
Office of Children and Family Policy**

**WEST VIRGINIA MUTUAL CONSENT VOLUNTARY ADOPTION REGISTRY
APPLICATION FORM AND AFFIDAVIT**

INSTRUCTIONS: Everyone must complete the Applicant's Information section and the Notary Affidavit sections(s). We realize that you will not know all of the information requested, but **please complete all other sections of the application to the best of your ability.** Leave blank any unknown information so we know how much research we need to do.

Return your completed application and affidavit(s) to:

WV Department of Health and Human Resources
Office of Children & Adult Services
Mutual Consent Voluntary Adoption Registry
350 Capitol Street, Room 691
Charleston, WV 25301-3704

APPLICANT'S INFORMATION (Check only one blank for each of the next three items)

This is a: _____ New application _____ Update to a previous application

Application for: _____ Registry listing only
_____ Non-identifying information only
_____ Registry listing & non-identifying information

I am: _____ Adult Adoptee _____ Birth Mother
_____ Adoptive Parent _____ Birth Father
_____ Child of Adult Adoptee _____ State Ward

Current Last Name

First Name

Middle

Mailing Address

City

State

Zip Code

Home phone (_____) _____ Work phone: (_____) _____

My date of birth: _____ My Social Security Number: _____

ADOPTEE'S INFORMATION (Complete if at all possible)**

Current Name: _____
Last First Middle Maiden

Adoptive Name: _____

****Birth Name:** _____

****Date of Birth:** _____ ****Sex:** _____ Race: _____

****Birthplace:** _____
Hospital City County State

BIRTH MOTHER'S INFORMATION:

Current Name: _____
Last First Middle Maiden

Address: _____

City State Zip Code () Telephone

Date of Birth: _____ Race: _____ Birthplace: _____
City County State

Name at Time of Placement: _____

BIRTH FATHER'S INFORMATION:

Current Name: _____
Last First Middle

Address: _____

City State Zip Code () Telephone

Date of Birth: _____ Race: _____ Birthplace: _____
City County State

Was Birth Father identified at the time of placement? Yes _____ No _____

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR SOCIAL SERVICES
Office of Children and Family Policy
WEST VIRGINIA MUTUAL CONSENT VOLUTARY ADOPTION REGISTRY

(Please check all responses that apply. **You also must attach proof of identity**, such as a photocopy of your driver's license or birth certificate.

CONSENT FOR THE RELEASE OF IDENTIFYING INFORMATION

I hereby give my consent to the West Virginia mutual Consent Voluntary Adoption Registry to be identified to my: birth mother _____; birth father _____; adoptee _____

I understand that if a match is made by the Registry, all parties will be contacted in a confidential manner by a licensed social worker employed by the West Virginia Department of Health and Human Resources.

I further understand that after notification of a match, each party must receive one hour of counseling regarding adoption and reunion issues before any identifying information can be released. This counseling will be done by a licensed social worker employed by the West Virginia Department of Health and Human Resources.

I understand that I may withdraw my registration at any time by submitting to the Registry a notarized affidavit to that effect. I will also notify the Registry if there are any changes to the information provided and to have my name removed if a reunion is completed through other means.

I solemnly attest that all of the information provided on this application is true and accurate to the best of my knowledge.

Signature of Applicant
Signature Must Be Notarized

REQUEST FOR NON-IDENTIFYING INFORMATION

I certify that I am at least 18 years of age and:

_____ I was adopted in the State of West Virginia.

_____ I am the biological parent of a child placed for adoption in West Virginia.

I solemnly attest that all of the information provided on this application is true and accurate to the best of my knowledge.

Signature of Applicant
Signature Must Be Notarized

STATE OF _____
COUNTY OF _____, TO-WIT:

Taken, subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

My commission expires: _____