



**5. Name and address of adoptive mother and father (include name even if deceased).**

**Mother** \_\_\_\_\_  
 Last First Middle Maiden

**Father** \_\_\_\_\_  
 Last First Middle

\_\_\_\_\_ Mailing address \_\_\_\_\_ Zip code

**6. Siblings and/or 2<sup>nd</sup> degree relatives with whom you would like to be in contact.**

Name and Relationship	Date of Birth	Last Known Address (include zip code)
1.		
2.		
3.		
4.		
5.		

**7. Provide any other information you feel will be helpful in processing this application (use page 4 if additional space is necessary)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. 1. Name and address of birth mother**

\_\_\_\_\_ Last First Middle Maiden

\_\_\_\_\_ Mailing address \_\_\_\_\_ Zip code \_\_\_\_\_ ( ) Phone

**2. Name and address of birth father**

\_\_\_\_\_ Last First Middle

\_\_\_\_\_ Mailing address \_\_\_\_\_ Zip code \_\_\_\_\_ ( ) Phone

**3. Name(s) given to child(ren) at birth with whom you would like to be in contact.**

Name	Date of Birth	Birthplace Hospital/City/State	Date Released For Adoption
1.			
2.			
3.			
4.			
5.			

4. **Provide any other information you feel would be helpful in processing this application.** (Use page 4 if necessary)

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**D. COUNSELING STATEMENT** (To be completed by counselor for persons who are registering to receive identifying information only)

I hereby confirm that \_\_\_\_\_  
Name of Registrant  
of \_\_\_\_\_  
Address  
\_\_\_\_\_ completed a one hour counseling session on \_\_\_\_\_ as  
Date of Birth Date  
required for registration with the Mutual Consent Voluntary Adoption Registry of the State of Arkansas.

_____	_____	_____
Signature of Counselor	Title	Date
_____	_____	_____
Agency name	Agency address	
_____	_____	_____
Phone Number	License Number	Effective Date

**E. IDENTIFICATION AND NOTARIZATION OF AFFIDAVIT/REGISTRATION (ALL REGISTRANTS MUST COMPLETE SECTION E.)**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

I \_\_\_\_\_ solemnly attest that all of the information provided on this affidavit  
Name of Registrant  
is true and accurate to the best of my knowledge under the penalty of perjury. I have provided proof of identification to the notary public whose signature appears below.

\_\_\_\_\_  
Signature of Registrant  
(Signature must be notarized)

**SWORN TO BEFORE ME THIS**

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
mailing address of registrant

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_

**NOTARY  
SEAL**

## Space for Additional Comments