Oregon **Health** Authority
Center for Health Statistics

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.