The ALMA Society
Adoptees' Liberty Movement Association
P.O. Box 85
Denville, NJ 07834
www.almasociety.org

If filling out by hand, please print, use a black pen, write legibly or type your answers.

FOR OFFICE USE ONLY
Membership #:
Date Joined:

REGISTRATION FEE: $69.99 Lifetime Membership ☐ This is my FIRST registration ☐ an UPDATE

I am: ☐ Adoptee ☐ Birth Parent* ☐ Adoptive Parent ☐ Fostered Person ☐ Sibling Other_____

*If you are a **birth parent seeking more than one child, please complete a SEPARATE form for each child.**

My name:_____
FIRST MIDDLE LAST MAIDEN

My date of birth: ____/____/____(person submitting this form) Last 4 digits of my SS# _____ (This will be your ALMA PIN #)

Street address: _____Apt #____City_____State _____ ZIP_____

Home phone: ( )_____ Cell: ( )_____ My email address:_____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Partner's Name : _____

I am seeking: ☐ Mother ☐ Father ☐ Daughter ☐ Son ☐ Sister ☐ Brother ☐ Grandchild ☐ Other

INFORMATION ABOUT ADOPTED PERSON

Gender of Adopted Person: ☐ MALE ☐ FEMALE

DATE of Birth: ____/_____/_____ TIME of birth___:___AM /PM WEIGHT ____lb ____oz
Mo Day Year

PLACE of Birth: City_____ County_____ State_____Country_____

Birth name_____Adoptive name:_____

Adoptive Father's Name:_____Adoptive Mother's Maiden Name_____

Name of Hospital_____Maternity Home:_____

Attending Physician: _____Birth certificate #(State)_____ (Local)_____

If multiple births (twin, triplets) how many? Females _____Males_____ Separated by adoption? ☐ YES ☐ NO

Their name(s): _____ Attorney of Record_____

Court of Jurisdiction_____City:_____ State:_____

Adoption agency:_____City:_____State:_____

Private (non-agency) adoption: ☐YES ☐ NO Party(ies)who arranged adoption_____

Do you have your non-identifying information? ☐ YES ☐ NO If YES, please enclose copies for ALMA's files/search assistance.

INFORMATION ABOUT BIRTH PARENTS AT THE TIME OF BIRTH/SURRENDER

MOTHER	FATHER
Name:	
Marital Status at adoptee's birth:	
Maiden name:	**********N/A**********
Name used at time of birth:	
Name used on surrender papers: ☐ Yes ☐ No	Was his name on surrender papers?: ☐ Yes ☐ No
Birth date: ____/____/_____ Age at adoptee's birth:	Birth date: ____/____/_____ Age at adoptee's birth:
Birth place:	
Education Level Attained:	
Ethnic background:	
Religion:	
Occupation:	
Height: Weight: Eye: Hair:	Height: Weight: Eye: Hair:
Military service? ☐ Yes ☐ No Branch:	Military service?: ☐ Yes ☐ No Branch:
Other children:	
Birth mother's parents' names:	Birth father's parents' names:
Were birth parents married to each other? ☐ Yes ☐ No	Did birth father know of the pregnancy/birth? ☐ Yes ☐ No

Occupation:_____ How did you hear about ALMA: ☐ Member ☐ Friend ☐ State/Agency/Attorney ☐ Other

I am paying my $69.99 lifetime membership fee by ☐ PAYPAL ☐ Personal Check ☐ Money Order ☐ Member Already

Make check or money order out to The ALMA Society. *Registration fees/ donations are IRS tax deductible and non- refundable.*
The ALMA Society, Inc. is a 501(c)(3).

I give permission for The ALMA Society Reunion Registry to release my name and contact information to the person for whom this search is conducted. ALMA will not contact or release names of adoptive parents: a) who are not members of record (i.e have not joined ALMA themselves or b) have not given ALMA written permission to share that information with their son or daughter's birth parent.) ***I certify that I am the person who completed this form.***

Signature of applicant:_____Date: _____/_____/_____

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