

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

Table with 2 columns: MOTHER and FATHER. Rows include Name, Marital Status, Maiden name, Name used at time of birth, Birth date, Birth place, Education Level, Ethnic background, Religion, Occupation, Height/Weight/Eye/Hair, Military service, Other children, Birth parents' names, and Were birth parents married to each other.

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: ___/___/___