

FN	S	DOB	FOR OFFICE USE ONLY		
STAFF			COUNTRY	STATE CODE	I II
			Official ISRR Registration Form		
PLEASE DO NOT WRITE ABOVE THIS LINE					

PRINT or TYPE LEGIBLY with BLACK INK

This registration is my FIRST ENTRY an UPDATE

I AM THE: ADOPTEE/CHILD BIRTHPARENT BIRTH SIBLING ADOPTIVE PARENT OTHER (explain) _____

PRESENT NAME _____ TELEPHONE # Home _____
 ADDRESS _____ TELEPHONE # Work _____
 CITY _____ STATE _____ TELEPHONE # Cell _____
 COUNTRY _____ ZIP CODE _____ EMAIL ADDRESS _____

Information about the ADOPTEE / CHILD

MALE FEMALE

Leave BLANK where info is UNKNOWN

BIRTHDATE (Month/Day/Year) _____ TIME _____ AM PM BIRTH WEIGHT _____ lb _____ oz
 HOSPITAL (Birth Place) _____ ATTENDING PHYSICIAN (or other) _____
 CITY OF BIRTH _____ COUNTY _____ STATE _____ COUNTRY _____
 NAME GIVEN AT BIRTH _____
 NAME GIVEN AT ADOPTION _____
 ADOPTIVE PARENT'S NAMES _____
 IF THIS WAS Twins/Triplets, etc How many MALES? _____ FEMALES? _____ Separated by adoption? YES NO Name(s) _____
 BIRTH CERTIFICATE #S _____ This Adoption was ~ PRIVATE BY AGENCY STATE/COUNTY
 NAME OF PLACEMENT AGENCY _____ CITY _____ STATE _____
 ATTORNEY OF RECORD _____ COURT OF JURISDICTION _____ CITY _____ STATE _____

Information about the BIRTH PARENTS *at time of separation*

Please give as much information as possible. If you are unsure about something include it but place a ? mark next to it. Birthfather info is equally important. Leave blank if unknown..

Birth Mother

Birth Father

NAME(S) Used at time of child's birth								
Maiden Name & Nickname(s)								
Signed on Relinquishment/Consent								
BIRTH DATE	AGE AT TIME of CHILD'S BIRTH				AGE AT TIME of CHILD'S BIRTH			
BIRTH PLACE								
MARITAL STATUS								
RELIGION								
EDUCATION								
OCCUPATION / MILITARY BRANCH								
ETHNIC BACKGROUND/ANCESTRY								
PHYSICAL DESCRIPTION	HEIGHT	WEIGHT	HAIR	EYES	HEIGHT	WEIGHT	HAIR	EYES
OTHER CHILDREN'S NAMES								
PARENT'S NAMES								

MAIL TO: INTERNATIONAL SOUNDEX REUNION REGISTRY • ISRR ~ P.O. BOX 371179, LAS VEGAS, NV 89137

I, the undersigned, hereby give my permission to the International Soundex Reunion Registry to release this vital information to person(s) with matching data in order to facilitate contact and confirm relationship(s). I understand this permission is necessary to activate this registration, and for verification of my identity. I will keep my contact information current and notify ISRR if reunited by other means.

X Registrant's Signature Required _____ Date _____

ALTERNATIVE ADDRESS AND/OR PHONE _____

FILL OUT PAGE ONE AS COMPLETELY AS POSSIBLE ~ PRINT AND KEEP A COPY FOR YOUR RECORDS

BE SURE TO SIGN & DATE Page 1 in order to activate your registration.

READ AND FOLLOW THE INSTRUCTIONS ONLINE AND PRINTED WITH THIS FORM ~ ADD ANY ADDITIONAL REMARKS OR INFO INDICATED BELOW

- I've attached **REMARKS** on a separate sheet
- I've attached documents/data. *Make sure you've entered all known data on Page 1*

ISRR will notify you only when a match is made. If you wish confirmation that your form was received, please make a donation below or include a self-addressed, stamped envelope with your registration or update. **Please do not** send by any means that requires signatures or for our volunteers to wait in line at the post office.



ISRR • P.O. BOX 371179 • LAS VEGAS, NEVADA 89137
888-886-ISRR • WWW.ISRR.ORG



Dear Registrant,

When Julie, a birthmother, was reunited with her daughter; Ronald with his birthfather; or Jeffrey with his brother and two sisters; none of them had ever really expected an end to their search and to experience the joys of the reunions that followed.

Since 1975, many thousands had their dreams come true by simply registering with the International Soundex Reunion Registry. You, too, are given this same hope and opportunity.

This registry has always been provided without cost to its registrants, because of time given by our dedicated volunteers and contributions given by individuals registering here.

Naturally, costs are incurred in the operation and maintenance of your registry, a cost that increases annually. Won't you please help to ensure your registry will continue to serve you, and so many others? Your generosity matters. It touches the lives of all those registered now, and long into the future. Send your contribution today. All donations are gratefully accepted.

The ISRR Voluntary Board of Trustees thanks you.

YES! I want to help. Enclosed please find my contribution: \$ _____

- CHECK
- MONEY ORDER
- DONATED VIA **PAYPAL**
Attach Copy of Donation Receipt

Name : _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Make payable to: ISRR

Please charge my contribution to: Visa MasterCard Discover

Credit Card #: _____ Expiration Date: _____

Signature: _____ Phone #: _____

E-Mail: _____ Please send my receipt by Email US Mail

Donation receipts will serve to confirm the date ISRR received and processed your attached registration or update.

With this receipt please include any data ISRR has on the state/country where this registration's birth occurred: Choose one State, Province or Country

I AM THE: ADOPTEE/CHILD BIRTHPARENT BIRTHSIBLING OTHER (explain) _____

"In all of us there is a hunger, marrow-deep, to know our heritage, to know who we are -- and where we come from. Without this enriching knowledge, there is a hollow yearning, there is the most disquieting --- loneliness." ~ Alex Haley ~ *Roots*

ISRR has been serving families since 1975 ~ Making Matches for Registrants ~ Sharing in Your Reunions
Your Contributions help us help you and all the others touched by family separation. THANK YOU!

Donate Via PAYPAL

"United today for the reunions of tomorrow"
your contributions are tax-deductible

Print Form