



KINSEARCH REGISTRY

P. O. B o x 8 8 8 6 6 6
 ATLANTA, GA 30356

Request for Application for Adopted Child

Please fill in all of the fields so that we can determine your child's eligibility:

PARENT/GUARDIAN INFORMATION		
	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Full Name		
Street Address		
City, State, Zip		
Phone Number		
Email Address		
Where Did You Hear About Kinsearch?		
CHILD INFORMATION		
Child's Current Name		
Child's Previous Name		
City & Country Of Birth		
Province Of Birth		
Province Of Adoption		
Social Welfare Institute /Orphanage		
City & Province (Of Social Welfare Institute Or Orphanage)		
Foster Home (If Known)		
Official Dob		
Date Brought To SWI/Orphanage		
Adoption Date		

****NOTE: Please submit an application form and \$250 for each child.**

We will review all information submitted to make sure that your child is eligible, and then a registration form will be sent to you prior to the DNA sample collection kit. If there are any questions, we will contact you. If this is not the first adoption of the child, please let us know. We understand that birth information will often times be approximate or only that which what was officially reported.

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