

## Emergency Medical Locators for Adoptees Registration Form

Please return completed registration to: [emlaangels@gmail.com](mailto:emlaangels@gmail.com)

Field	<i>Type your own information in the yellow boxes</i>
1. Registration Number (will be assigned)	
2. First Name & Last Name (current)	
3. Email Address	
4. Re-enter Email Address	
5. Mailing Address	
Street address	
Address (cont.)	
City	
State/Province	
Zip/Postal code	
Country	
6. Home Phone Number	
7. Alternate Phone Number	
8. Best time to Contact if needed	
9. Name of Relative or Close Friend	
10. Their Relationship to you	
11. Relatives/Friends Complete Address	
11 a. Relatives/Friends Phone Number	
<b><u>Selected info below will be posted in Emergency Medical Locators Registry</u></b>	
12. Adoptee's Date of Birth	
<i>If unsure of date, please insert range or explain</i>	
13. Adoptee's Gender	
14. Adoptee's Race	
15. Adoptee's First Name at Birth	

Field	<i>Type your own information in the yellow boxes</i>
16. Adoptee's Middle Name at Birth	
17. Adoptee's Last Name at Birth	
18. Adoptee's City of Birth	
19. Adoptee's State of Birth	
20. Adoptee's County or Providence of Birth	
21. Adoptee's Country of Birth	
22. Birth Mother's First Name	
23. Birth Mother's Middle Name	
24. Birth Mother's Maiden Name	
25. Birth Mother's Last Name at Birth	
26. Birth Mother's Age at time of Birth	
27. Birth Mother's City & State of Residence	
28. Birth Mother's Occupation	
29. Birth Father's First Name	
30. Birth Father's Middle Name	
31. Birth Father's Last Name	
32. Birth Father's Age at time of Birth	
33. Birth Father's City & State of Residence	
34. Birth Father's Occupation	
35. Birth Mother's & Birth Father's Marital Status	
<i>(Married, Unmarried, Divorced - Please explain)</i>	
36. Hospital of Birth	
37. Doctor	
38. Name of Adoption Agency	
39. If private adoption, name of attorney or firm	
40. County Adoption took place	
41. City Adoption took place	
42. State Adoption took place	

Field	Type your own information in the yellow boxes
43. Adoptee's Age when Given to Adoptive Parents	
44. Adoptee's First Name after Adoption	
45. Middle Name after Adoption	
46. Last Name after Adoption	
47. Adoptive Mother's First & Last Name	
48. Adoptive Father's First & Last Name	
49. Date Adoption Finalized	
50. Did Adoptee have older/younger siblings when relinquished for adoption	
<i>(Give Details - Dates of birth or ages, Gender)</i>	
51. Amended Birth Certificate Number	
52. Original Birth Certificate Number (if known)	
53. Will photo be downloaded to afseml@yahoo.com to post in PHOTO DATABASE?	
54. Have you applied for your NON ID information from the adoption agency?	
55. Your Triad position	
<p><i>*Note: If you are birth sibling searching for another sibling who has been adopted, please complete this registration form with THEIR information, and yourself as the searcher.</i></p>	

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Blank form available at

<http://www.dnaadoption.com/index.php?page=emla>