



ÚDARÁS UCHTÁLA na hÉIREANN
THE ADOPTION AUTHORITY of IRELAND

Contact Preference Register (CPR)

Application Form B:

**Relatives looking to contact or share information with an
adopted person**

This form is for:

- 1) a mother or father**
- 2) a sister or brother**
- 3) a grandparent, aunt, uncle or first cousin**
- 4) an adoptive parent of an adopted child under the age of 18**
- 5) an adoptive parent of an adopted person (adult or child)
who is deceased**
- 6) a guardian of an adopted person**
- 7) a person who provided a care arrangement**
- 8) a relative of an adopted person (adult or child) who is
deceased**
- 9) a friend of a deceased parent who has information to share**

Application Form B:

Looking to contact or share information with an adopted person?

Please read the CPR information leaflet carefully before you complete this form.

This form has 8 sections:

Section 1. [About this form](#)

Section 2. [Your current personal details](#)

Section 3. [Details of the relative or person you would like to contact or share information with](#)

Section 4. [What level of contact do you want to have with this person?](#)

Section 5. [Other contact options](#)

Section 6. [Lodging an item of interest](#)

Section 7. [Identification and signature](#)

Section 8. [Checklist](#)

Section 1: About this form

Please read the CPR information leaflet carefully before you complete this form

We encourage you to give us as much information as possible. The more information we have to work with, the greater the chances are that we will help you make a match with relatives.

What is the Contact Preference Register (CPR)?

The main function of the Contact Preference Register is to enable contact between family members affected by adoption. The Register also serves as a way to lodge a contact preference, including a request for privacy. Applicants to the register can lodge an item (for example, a letter or photograph) for a specified person, which will be given to the specified person if they join or have previously joined the register.

About the words we use in this form

We have tried to use terms that would suit everyone involved in adoption. For ease of use, the terms 'mother' and 'father' refer to the 'natural birth' mother and 'natural birth' father. We use the term 'applicants' for people who register with the CPR.

Personal identification (ID)

You will need to include a copy of your personal identification with this form. The types of personal identification we accept are:

- Passport
- Driving licence (including provisional licence)
- Garda Age Card

Where do I send the completed form and identification?

You can send it:

- by email: records@aai.gov.ie
- by post: PO Box 9957, Dublin 4
- online: by completing and submitting a form online at birthinfo.ie

Nominating a friend or family member to complete this form on your behalf

You can nominate a friend or family member to complete this form for you. You will find information on how to do this in our **CPR information leaflet**.

What happens after I send in my application form?

When we receive this application form, we will write to you to let you know. We will tell you that you are now being added to the Contact Preference Register (CPR).

If we find a possible match for you on the CPR, we will tell you what the next steps are. This will depend on the contact preferences you and the person you are matched with have chosen, and may include the following.

1. The sharing or requesting of information.
2. The opportunity of contacting the applicant with whom you are matched.
3. The opportunity to use the mediation service provided by the Adoption Authority.
4. Access to any specific items that may have been lodged.

For more information, please read our **CPR information leaflet**.

If you wish to know about how we use and store your personal data, please read our **CPR privacy statement**.

Section 2: Your current personal details

Please provide your email address, postal address or phone number, so we can contact you to confirm that we have received your application form.

Your first name(s):

Your last name:

If you have previously used other names (like a maiden name), please add them here:

Your date of birth:

Your email address:

Do you consent to us contacting you at this email address?

Please tick one box

Yes

No

Your postal address:

Do you consent to us contacting you at this postal address?

Please tick one box

Yes

No

Your phone number (landline or mobile):

Do you consent to us contacting you at this phone number?

Please tick one box

Yes No

If you do not consent to us contacting you using any of the information above, please give alternative contact details here.

Have you nominated a friend or family member to complete this form on your behalf?

Please tick one box

Yes No

If you answered yes to this question, please see our CPR information leaflet for steps on what to do.

Section 3: Details of the relative or person you would like to contact, share information with or express a contact preference for

If you are searching for, or seeking to share information with, more than one person, then please give the details for each one.

There is room to include information for three people here. If you need more, please use a separate sheet and include it with your application.

Please do not use the space to ask for information. If you have questions, please write them on a separate sheet of paper and send that to us with this form.

Please indicate your status as an applicant

For example, if you are a parent filling in an application in relation to a child, you would choose either mother or father. Please indicate your status from this list:

| | | | |
|--|--------------------------|---|--------------------------|
| Mother | <input type="checkbox"/> | Grandparent | <input type="checkbox"/> |
| Father | <input type="checkbox"/> | Aunt or uncle | <input type="checkbox"/> |
| Brother or sister | <input type="checkbox"/> | First cousin | <input type="checkbox"/> |
| Adoptive parent of an adopted child under 18 | <input type="checkbox"/> | Adoptive parent of an adopted person /child who is deceased | <input type="checkbox"/> |
| Guardian or caregiver of an adopted person | <input type="checkbox"/> | Relative / Friend of an adopted person who is deceased | <input type="checkbox"/> |

Person 1

If you are searching for more than one person or relative, then please give the details for each one. Please indicate who you are searching for from this list:

| | | | |
|-------------------|--------------------------|---------------|--------------------------|
| Son | <input type="checkbox"/> | Grandparent | <input type="checkbox"/> |
| Daughter | <input type="checkbox"/> | Aunt or uncle | <input type="checkbox"/> |
| Brother or sister | <input type="checkbox"/> | First cousin | <input type="checkbox"/> |

Please give as much information as you can below. If you don't have this information, just leave it blank.

If you are unsure of this information, please give a rough idea of the date of birth or age and say that you are unsure.

Name of person (if known):

Date of birth (if known):

Current age (if known):

You can use the space below to add any information which might help us link you with the relative or person you are looking for.

Person 2 (only to be completed if searching for more than 1 person or relative – if not, please skip to Section 4)

Please indicate who you are searching for from this list:

| | | | |
|-------------------|--------------------------|---------------|--------------------------|
| Son | <input type="checkbox"/> | Grandparent | <input type="checkbox"/> |
| Daughter | <input type="checkbox"/> | Aunt or uncle | <input type="checkbox"/> |
| Brother or sister | <input type="checkbox"/> | First cousin | <input type="checkbox"/> |

Please give as much information as you can below. If you don't have this information, just leave it blank.

If you are unsure of this information, please give a rough idea of the date of birth or age and say that you are unsure.

Name of person (if known):

Date of birth (if known):

Current age (if known):

You can use the space below to add any information which might help us link you with the relative or person you are looking for.

Person 3 (only to be completed if searching for more than 1 person or relative – if not, please skip to Section 4)

Please indicate who you are searching for from this list:

| | | | |
|-------------------|--------------------------|---------------|--------------------------|
| Son | <input type="checkbox"/> | Grandparent | <input type="checkbox"/> |
| Daughter | <input type="checkbox"/> | Aunt or uncle | <input type="checkbox"/> |
| Brother or sister | <input type="checkbox"/> | First cousin | <input type="checkbox"/> |

Please give as much information as you can below. If you don't have this information, just leave it blank.

If you are unsure of this information, please give a rough idea of the date of birth or age and say that you are unsure.

Name of person (if known):

Date of birth (if known):

Current age (if known):

You can use the space below to add any information which might help us link you with the relative or person you are looking for.

Section 4: What level of contact do you want to have with this person?

You can choose more than one of these options. Please tick the boxes to show your preference:

Yes Contact options

1. I would like to contact the person named in Section 3:

2. I am willing to be contacted by the person named in Section 3:

3. I am looking for information about the person named in Section 3:

No Contact options

1. I do not want contact with the person named in Section 3:

2. I do not want contact but I am willing to share information about the person named in Section 3 if requested. Please provide details below.

Please provide details here

In keeping with the Adoption Authority’s legal obligation, where a request for records or information is received from a relevant person and a preference of ‘no contact’ has been registered by a parent on the CPR, the Adoption Authority will conduct an information session with the relevant person. This session may be done over a phone call or at a face-to-face meeting as requested. The Adoption Authority will inform the relevant person of their family member’s right to privacy and convey their preference to have ‘no contact’.

Please be aware that even if you choose a no-contact preference, you may, at a later date, be contacted by a member of staff from the Adoption Authority or the Child and Family Agency (Tusla) if necessary.

Sharing or looking for information

Please choose the relevant categories and use this space to share or request any medical or background information. If you need more space, please write on a separate page.

I would like medical information about the person named in Section 3

Yes No

I would like to share my own medical information.

Yes No

If ‘Yes’, please give your medical information here

I would like background information about the person named in Section 3.

Yes No

I would like to share my own background information.

Yes No

If ‘Yes’, please give your background information here

Section 5: Other contact options

Someone other than the specified person(s) you have named in Section 3 may join the register looking for you.

If someone other than the specified person(s) you have named in Section 3 joins the register looking for you or to share or seek information, would you like to be contacted by the AAI?

| | |
|------------------------------|--|
| Yes <input type="checkbox"/> | I would like to be contacted |
| No <input type="checkbox"/> | I am only interested in the person I have named in Section 3 |

Section 6: Lodging an item of interest

If you wish to lodge an item(s) for the person named in Section 3, please choose the best description of the item(s) in question.

| | |
|---|--------------------------|
| Letter | <input type="checkbox"/> |
| Photograph | <input type="checkbox"/> |
| Memento (for example family heirlooms/presents) | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

If choosing other, please give a brief description of the item in the space provided below.

| |
|-------------------------------------|
| Description of item (if applicable) |
|-------------------------------------|

Section 7: Identification and signature

I, the Applicant, consent to my scanned written signature or my electronic signature or my typed signature being used by the Adoption Authority of Ireland to authorise my agreement to the information provided on this form.

Please pick one:

Yes

No

By signing this form, I acknowledge that to the best of my knowledge, all information given by me is true and accurate. I also confirm that the personal identification provided by me is true and accurate.

Please pick one:

Yes

No

What form of identification are you sending with this application?

(See page 3 for [forms of identification we accept](#))

Your signature or mark:

Date:

Note: This is an extremely serious and sensitive matter for those involved. The Adoption Authority will report any person who misuses this form to An Garda Síochána.

Section 8: Checklist

Have you signed and dated the form at Section 7?

Yes No

If you have nominated a friend or family member to complete this form on your behalf:

Have you included identification for the person who is helping you?

Yes No

Have you included a separate letter as described in the CPR information leaflet?

Yes No

How are you sending us your completed form?

Post

Email

Where do I send the completed form and identification?

You can send it by:

- Email: records@aai.gov.ie
- Post: PO Box 9957, Dublin 4
- completing and submitting a form online at birthinfo.ie

Thank you for filling in this application form.

We will contact you soon.

CPR privacy statement

The Adoption Authority of Ireland will treat all information and personal data that you provide as confidential, in line with our legal obligations.



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