Information Sheet for Contact Preference Form for Birth Parents of Adopted Children

OREGON HEALTH AUTHORITY
Center for Health Statistics

The 1999 Oregon Legislature passed HB3194 to provide a way for birth parents to file a form with the Oregon Center for Health Statistics (CHS) stating their preference about personal contact with children who are put up for adoption. The completed preference form is filed at CHS along with the original birth certificate in a sealed file. Contact preference forms are mailed to adoptees when the original birth records prior to adoption are released. ORS 432.228

To match the Contact Preference Form to the birth record, it is very important to provide an accurate date of birth, place of birth, and facility of birth. In some cases, a match to the original birth record may not be possible without this information.

The Contact Preference Form allows the birth parent to choose from three contact choices:

- I would like to be contacted.
- I would prefer to be contacted only through an intermediary.
- I prefer not to be contacted at this time.

A parent who would like to be contacted either directly or through an intermediary just needs to fill out the Contact Preference Form and send it into the Center for Health Statistics with the $25 fee.

A parent who does NOT want to be contacted needs to fill out the Contact Preference Form AND take these additional steps.

1. The parent must complete a medical history Birth Parent Updated Medical History (form CF 246R) and file it with Oregon's Adoption Search and Registry or the private adoption agency involved.

2. The parent must also complete the parent sections of the Certificate of Receipt of Birth Parent Medical History (form CF 247) and send both forms to the Adoption Search and Registry or adoption agency involved.

   Mailing Address:
   ODHS Adoption Search and Registry
   500 Summer St NE, E-71
   Salem, OR 97301

   Phone
   541-632-2264

   Email
   adoption.registry@odhsoha.oregon.gov

3. Once the parent receives the signed Certificate of Receipt (form CF 247) from the organization where their medical history is filed, they need to send it along with the Contact Preference Form and the $25 fee to the Center for Health Statistics.

Submit this form along with the $25 fee to:
Oregon Center for Health Statistics
Certification Unit
PO Box 14050
Portland OR 97293

Payment:
No cash.
Make payment by money order or check to:
OHA/Vital Records

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The Oregon Center for Health Statistics needs the following information and $25 fee to find and match your request with your records. (Please print legibly.)

The Center for Health Statistics cannot accept this Contact Preference Form unless it is fully completed.

Name of child on original birth record: _____

Date of birth: _____ Sex: _____ Hospital: _____

County: _____ City: _____

Mother's name (as shown on birth certificate): _____

Father's name (if known): _____

Adoption agency involved with adoption (if known): _____

I am the: ☐ birth mother ☐ birth father Date: _____

If the original birth certificate is released, what is your preference about contact with the adoptee?

Please check one of the three boxes and provide the required information.

☐ **I would like to be contacted.** My current name: _____

Address: _____

Phone: _____

☐ **I would prefer to be contacted only through an intermediary.**

Name of intermediary: _____ Their phone: _____

☐ **I prefer not to be contacted at this time. If I decide later that I would like to be contacted, I will register with the voluntary adoption registry.***
I have:

- Completed an updated medical history [Birth Parent Updated Medical History (form CF 246R)] and have filed it with the voluntary adoption registry.
- Attached a certificate [Certificate of Receipt of Birth Parent Medical History (form CF 247)] from the Adoption Search and Registry or adoption agency verifying receipt of the updated medical history.

*Visit https://oregon.gov/odhs/adoption/pages/registry.aspx for more information.

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Portland OR 97293-0050

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