

ALMA REUNION STORY

DATE _____ 199_____

1. NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE (____) _____

I AM: (CHECK ONE) () adoptee () birth parent () adoptive parent () miscellaneous _____

ADOPTEE'S DATE OF BIRTH _____ Please check here if your reunion was a *Registry Match* ()

DATE OF ADOPTION _____ PLACE OF ADOPTION _____

AGE AT TIME OF RELINQUISHMENT _____

2. WHEN DID YOU JOIN ALMA? _____

3. ANYTHING NEWSWORTHY ABOUT YOUR ADOPTION OR RELINQUISHMENT? _____

4. WHEN DID YOU START YOUR SEARCH? _____

5. DID THEY SEARCH FOR YOU? IF YES, WHEN? _____

6. WHOM DID YOU FIND? _____
(RELATIONSHIP TO YOU)

7. NAME AND ADDRESS OF PERSON FOUND (WE DO NOT CONTACT THEM) _____

8. WHEN DID YOU FIND? _____

9. WHERE DID YOU LOOK? WHERE DID YOU FIND? _____

10. HOW DID YOU MAKE YOUR FIRST CONTACT? WHAT DID IT FEEL LIKE BEFORE AND AFTER? _____

11. WHAT WAS THEIR REACTION TO HEARING FROM YOU? _____

12. WHEN AND WHERE DID YOU FIRST MEET? ANY UNUSUAL SIMILARITIES? _____

13. DESCRIBE THE PHONE CALL AND/OR FIRST MEETING _____

14. ANYTHING FUNNY? ANYTHING SAD? _____

15. ANYONE DECEASED? WHO, WHERE, WHEN? _____

16. ARE YOU STILL SEARCHING? FOR WHOM? _____

17. WHY DID YOU DECIDE TO LOOK? ARE YOU GLAD YOU DID? _____

18. ADDITIONAL COMMENTS _____

Please send photographs and identify the people in the photo! _____

Mail to: The ALMA Society
P.O.Box 85
Denville, New Jersey 07834

Thank you for sharing your story. MAY WE PUBLICIZE YOUR SEARCH AND REUNION? YES NO