

**Membership Application**  
**The ALMA Society (The Adoptee's Liberty Movement Association)**  
**PO Box 85, Denville, NJ 07834**

FOR OFFICE USE ONLY

**General Instructions: REQUIRED REGISTRATION FEE: \$50.00 - Lifetime Membership. Tax deductible contribution. (All we ask is that you become a member and support the work we do!)**

**Please attach copies of any documents you may have regarding the background information on the case.**

**Please type your answers, or use a black pen and write legibly. You must supply an e-mail address that we can use to reach you. If you are seeking more than one child, please complete an application form for each child.**

This is  My First Registration  Updating prior membership  Membership Number: \_\_\_\_\_ Date Joined: \_\_\_\_\_

I am  Adoptee  Birth Mother  Birth Father  Adoptive Mother  Adoptive Father  Foster Child  Sibling

Maternal Grandparent  Paternal Grandparent  Other: \_\_\_\_\_  
(Explain relationship)

Name: \_\_\_\_\_  
(First) (Middle Name) (Maiden Name) (Last) (Title)

My Date of Birth: \_\_\_\_\_ My Social Security Number: \_\_\_\_\_  
(For person completing the membership application) (Minimum last four digits required)

Street Address: \_\_\_\_\_ Apartment# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(Please Print Legibly)

Spouse's Full Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

How is your name listed in the phone directory for your residence? \_\_\_\_\_  Check here if unlisted

I AM SEEKING:  MOTHER  FATHER  DAUGHTER  SON  SISTER  BROTHER  GRANDDAUGHTER  
 GRANDSON  OTHER \_\_\_\_\_ (Explain relationship)

Information about the adoptee/child:  Male  Female

Date of Birth \_\_\_\_\_ Time of Birth \_\_\_\_\_  A.M.  P.M.  Unknown Birth Weight: \_\_\_ lbs. \_\_\_ oz.  
Month /Day/Year

Name of Hospital \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Maternity Home \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Place of Birth: City/Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Birth Name \_\_\_\_\_ Adoptive Name \_\_\_\_\_

Attending Physician \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_

(If multiple births, (twins, triplet, etc.)  Not applicable How many? \_\_\_\_\_ Females \_\_\_\_\_ Males \_\_\_\_\_ Separated by adoption?  yes  no  unknown  Attaching separate sheet with names of children

Attorney of Record \_\_\_\_\_  
(First, Middle, Last Name)

Court of Jurisdiction \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Adoption Agency \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Private Adoption:  Yes  No Adoption arranged by whom? \_\_\_\_\_  
(First, Middle, Last Name)

Adoptive Father's Name \_\_\_\_\_ His date/ place of birth \_\_\_\_\_  
(City, State)

Adoptive Mother's Name \_\_\_\_\_ Her date/place of birth \_\_\_\_\_  
Her Maiden Name \_\_\_\_\_

**Information about the birth parent(s) at the time of birth or surrender of child (if known)!**

**Birth Mother**

Full Name \_\_\_\_\_  
(First, Middle, Last)

Birth Mother's Maiden Name \_\_\_\_\_

Birth Date \_\_\_\_\_  
(Month, Day, Year)

Place of Birth \_\_\_\_\_  
(City, State County, Country)

Age at time of birth of adoptee \_\_\_\_\_

Age at time of surrender of adoptee \_\_\_\_\_

Marital status at time of placement \_\_\_\_\_

Educational Level Attained \_\_\_\_\_

Ethnic Background \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

**Physical Description**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_

Military:  yes  No Branch \_\_\_\_\_

No other children at time this child was born.

**Names/dates/places of birth** of other children of birth mother  
at the time of surrender of this child  
\_\_\_\_\_  
\_\_\_\_\_

**Maternal Grandparents (Name, Date and Place of Birth)**  
\_\_\_\_\_  
\_\_\_\_\_

Were birth parents married to each other?  
 yes  no  Unknown

Did they marry after surrendering this child?  
 yes  no  Unknown

Was the birth father's name on the relinquishment papers?  yes  no  
If not, was he aware of the pregnancy?  yes  no

Does the birth mother know if the birth father wants to find  
the adoptee?  yes  no  Unknown

**Birth Father**

Full Name \_\_\_\_\_  
(First, Middle, Last)

Birth Date \_\_\_\_\_  
(Month, Day, Year)

Place of Birth \_\_\_\_\_  
(City, State County, Country)

Age at time of surrender of adoptee \_\_\_\_\_

Marital status at time of placement \_\_\_\_\_

Was the birth father married to the birth mother at time of  
pregnancy/ and/or at relinquishment?  yes  No  
 Unknown

Did birth parents marry after surrendering this child?  
 yes  no  Unknown (if yes, answer below)

\_\_\_\_\_  
Date of Marriage, City and State

Educational Level Attained \_\_\_\_\_

Ethnic Background \_\_\_\_\_

Religion \_\_\_\_\_

Occupation \_\_\_\_\_

**Physical Description**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair color \_\_\_\_\_

Military:  yes  No Branch \_\_\_\_\_

Years of Service \_\_\_\_\_

**Names/dates/places of birth** of other children of birth father  
at the time of surrender of this child  
\_\_\_\_\_  
\_\_\_\_\_

**Paternal Grandparents (Name, Date and Place of Birth)**  
\_\_\_\_\_  
\_\_\_\_\_

Was the birth father's name shown on the relinquishment  
papers?  yes  no If not, was he aware of the pregnancy?  
 yes  no  Unknown

Does the birth father know if the birth mother wants to find  
the adoptee?  ?  yes  no  Unknown

How did you hear about Alma?  Former Member  Referral by friend  Referral by State/Agency/Attorney  Other: \_\_\_\_\_

"I give permission to The Alma Society Reunion Registry to release my name and information to the person(s) for whom this search is conducted." (The Alma Society will not contact or release names of adoptive parents to birth parents unless they are members of record.)

I am paying my \$50 lifetime registration donation/fee by  Check # \_\_\_\_\_  Money Order. No credit cards are accepted. Make checks or money orders payable to The Alma Society, Inc.. Registration fees and all donations are completely tax deductible and non-refundable.

My occupation \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_