



# Adoption Jigsaw

## BIRTH PARENT A2 - Membership Application

**In order to assist you, you must have documents confirming your relationship to the adopted person and their adoptive name. We encourage Perth people to attend our discussion groups, particularly the mothers group on the first Tuesday of the month. You are welcome to contact us to discuss any matter.**

### JIGSAW FEES\*

Jigsaw is a membership based not-for-profit organisation. To reduce administration costs we charge one fee regardless of the search and mediation work involved.

#### Membership entitles you to:

- Full Voting Rights
- Newsletter - Jigsaw Pieces published bi-monthly.
- Use of Jigsaw library
- Registration on our Contact Register
- Use of Jigsaw facilities for search

It is not possible to advise you regularly about the progress of your search or mediation, however you are welcome to contact us for an up date.

\*payment of fees can be negotiated, please talk to us if you have difficulties.

### Membership Package

This covers 12 months membership, search, preparation interview, outreach and interview for the found party if appropriate, ongoing phone consultation and support for all parties. Fees **DO NOT** cover the purchase of certificates.

**Purchase of certificates-** In order to search we may need to purchase various certificates eg marriage, death, birth. The cost varies according to the state and the length of search eg an adoptee may have married at 18 or 40 years of age. Costs vary between \$30 and several hundred if multiple states are involved. We will invoice you the amount we pay.

**Please fill in** - I authorise Jigsaw to spend up to \$..... over and above the membership cost and will reimburse on invoice. I wish to be contacted before incurring any costs above this figure.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Additional Costs

Renew Annual Membership	\$40*
Counselling/Additional Interviews	\$50
Discussion Groups	\$ 5

**\$250**  
*incl.GST*

**Payment Details** - Note that this application must be signed,. You can post, fax or scan and email it to us. You can pay online via Paypal or Direct Deposit, remember to include your full name. Alternatively send your credit card details, cheque or money order together with this application. Cheques payable to Adoption Jigsaw.

Visa/Mastercard : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry \_\_\_\_\_ Amount \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

DIRECT DEPOSIT - BankWest Leederville BSB - 306 058 A/C - 0515379

### Contact Us:

McCall Centre, Adoption Jigsaw - 2A Curtin Ave. Cottesloe WA 6011 or PO Box 819. Cottesloe. WA 6911

Ph: (08) 9384 0222 Fax: (08) 9384 7192 Email: [jigsaw@jigsaw.org.au](mailto:jigsaw@jigsaw.org.au) Website: [www.jigsaw.org.au](http://www.jigsaw.org.au)

**CURRENT DETAILS**

Ms/Miss/Mrs/Mr/Dr

Male/Female

Surname \_\_\_\_\_ First name \_\_\_\_\_ Second Name \_\_\_\_\_

Address: \_\_\_\_\_ Postcode \_\_\_\_\_

State: \_\_\_\_\_ Country (if outside Australia) \_\_\_\_\_ Can we write to this address: yes/no

Ph: (H) \_\_\_\_\_ (Mob) \_\_\_\_\_

(W) \_\_\_\_\_ (Email) - print \_\_\_\_\_

**Can we leave a message at these phone numbers  
yes/no**

**Perth Clients only**—Can we send you a text or email reminder of Jigsaw events/support meetings? **yes/no**

Any special instructions in regards to contacting you \_\_\_\_\_

For whom are you searching? \_\_\_\_\_

**BIRTH DETAILS - CHILD** (Fill in **ONLY** details you know for sure, otherwise leave blank)

**ORIGINAL NAME:**

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Second Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hospital \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**CURRENT NAME (if known)**

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Second Name \_\_\_\_\_

*Adoptive Family*

Mother—Surname \_\_\_\_\_ First name \_\_\_\_\_ Second \_\_\_\_\_

Father— Surname \_\_\_\_\_ First name \_\_\_\_\_ Second \_\_\_\_\_

**BIRTH MOTHER - At time of birth of child:**

Surname \_\_\_\_\_ First name \_\_\_\_\_ Second \_\_\_\_\_ DOB \_\_\_\_\_

Maiden name if different \_\_\_\_\_ Current Surname \_\_\_\_\_ Age when child born \_\_\_\_\_

Address at time of birth \_\_\_\_\_ State \_\_\_\_\_

Place of birth \_\_\_\_\_ Nationality \_\_\_\_\_ Marital Status at time of birth \_\_\_\_\_

Occupation at time of birth \_\_\_\_\_ Have you relinquished more than 1 child. Yes/No

Any other significant information \_\_\_\_\_

**BIRTH FATHER - Details at the time the child was born.**

Surname \_\_\_\_\_ First name \_\_\_\_\_ Second \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_

DOB \_\_\_\_\_ Age when child born \_\_\_\_\_ Place of birth \_\_\_\_\_

Nationality \_\_\_\_\_ Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_

Does he know of the pregnancy/birth \_\_\_\_\_ Has he relinquished more than 1 child. Yes/No

Any other significant information \_\_\_\_\_

*Office use only:* Date \_\_\_\_\_ Amount \_\_\_\_\_ Rec \_\_\_\_\_ File \_\_\_\_\_ Comp \_\_\_\_\_

WA- A/Check B/M—sent \_\_\_\_\_ confirmed, \_\_\_\_\_ B/F \_\_\_\_\_ sent \_\_\_\_\_ confirmed \_\_\_\_\_

## Adoption Documents:

Please attach **copies** of your documents, different states/countries will have different documents, attach whatever you have. Contact us if you are uncertain. Do you have:

Documents with the child's adoptive name ? **yes/no** Comment \_\_\_\_\_

Court documents? **yes/no** Comment \_\_\_\_\_

Information about the adoption? **yes/no** Comment \_\_\_\_\_

## Searching

Have you conducted any search yourself. Yes/No. If yes please include copies of any certificates you have obtained and a summary of your search (add paper if necessary).

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**IMPORTANT INFO:** Close contact NOT living at your address that we can contact in the event you change contact details and do not notify us.

Name \_\_\_\_\_

Address \_\_\_\_\_ P/C \_\_\_\_\_ State \_\_\_\_\_

Ph: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email (please print) \_\_\_\_\_

Relationship to you? \_\_\_\_\_ Can we identify ourselves as Jigsaw? **yes/no**

## Agreement - Please read carefully.

I (print your full name) \_\_\_\_\_ authorise Adoption Jigsaw to undertake search, contact and mediation services on my behalf. I authorise Adoption Jigsaw to receive on my behalf copies of all relevant certificates and/or information pertaining to myself and my relinquishing family.

I consent to Isabel Andrews (Licensed Mediator) sharing or receiving information with or from the relevant Adoption Agency and or State Government Department if deemed appropriate. Contact and Mediation involves sharing information with the found party, I take responsibility to specify what, if any, information is to be kept confidential from the found party.

I agree at all times to abide by the Constitution and By-Laws of Adoption Jigsaw WA Inc., and to act strictly within the law of the relevant Adoption Act.

In the event of my birth mother/father/family NOT wishing to have any contact with me, I assume full responsibility for any actions taken by me after Adoption Jigsaw has advised me that No Contact has been requested by my birth mother/father/family.

Any comment \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(A copy of the Constitution and By Laws will be posted to you on request). Note: This completed form together with copies of documents pertaining to your membership become the property of Adoption Jigsaw WA Inc.