



**Birth Parent searching for an adult child from whom they have been separated (no adoption)**

**JSC3 - Application for Search & Mediation**

**Please Note: We cannot help in all situations. We can only access records in the public domain. We suggest that you speak with us about your particular circumstances before deciding to proceed.**

**Note: this application requires your signature. You can post, fax or scan and email it to us.**

**JIGSAW FEES\***

**\$200 combined fee**  
*for membership and SINGLE PARTY search.*

Jigsaw is a not-for-profit or-  
ganisation.

To reduce administration costs, we charge one fee regardless of the search and mediation work involved.

**Membership Package for SINGLE PARTY search**

This covers 12 months' Associate 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.

**Membership entitles you to:**

- Newsletter - *Jigsaw Pieces* published quarterly.
- Use of Jigsaw library
- Registration on our National Contact Register
- Use of Jigsaw facilities for search
- An opportunity to nominate for the Board of Management

**Search fees:**

Occasionally there may be additional research costs and/or a number of letters to write as we pursue your search. Overseas and mobile phone calls of length will be charged over and above the combined fee.

**Authorisation -**

Renew Annual Membership  
**\$50\***

I authorise Jigsaw to spend up to \$..... over and above the combined fee and will reimburse on invoice. I wish to be contacted before any costs above this figure are incurred.

**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 update.**

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

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

**Additional Costs**

Counselling/Additional Interviews \$60

**Payment Details** - 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 to PO BOX 512 North Perth WA 6906. Make cheques payable to Jigsaw Search & Contact.

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

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

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

**DONATION:** If you wish to make a tax deductible donation please add to the total amount.

**CURRENT DETAILS**

Ms/Miss/Mrs/Mr/Dr

Female /Male

Date of Birth \_\_\_\_\_

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 \_\_\_\_\_

**Can we leave a  
message at these  
phone numbers  
Yes/No**Do you want to receive your newsletter electronically to above email address?  
or mail to above address?

If you live overseas, your newsletter will be sent to your email address.

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

**DETAILS OF CHILD***(Fill in ONLY details you know for sure, otherwise leave blank)***Name of Child at Birth:**

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

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

**Current Name (if known)**

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

Do you have contact with any member of your child's other parent's family? **Yes/No** if yes, who \_\_\_\_\_**BIRTH MOTHER***(Fill in ONLY details you know for sure, otherwise leave blank)***At time of birth of child:**

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

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

Place of birth \_\_\_\_\_ Nationality \_\_\_\_\_

Marital Status at time of birth \_\_\_\_\_ Occupation at time of birth \_\_\_\_\_

**BIRTH FATHER***(Fill in ONLY details you know for sure, otherwise leave blank)***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 \_\_\_\_\_

**CIRCUMSTANCES** give a brief description of your story (add additional paper if necessary)

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**Your ID Documents:**

Please supply copies of 2 identifying documents such as driver's licence, passport, Medicare card, bill etc

Do you have a copy of your child's full birth certificate? **Yes/No**

Please attach **photocopies** (not the originals) of all relevant documentation, including the birth certificate.

**Searching**

What enquiries/searching have you undertaken?

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**Privacy Statement:** *Jigsaw Search & Contact complies with the 2001 Privacy Act. All information collected is only used to assist in search and mediation with your birth family. Only staff and search volunteers can access this information.*

**Agreement—Please read carefully.**

I (print your full name) \_\_\_\_\_ authorise Jigsaw Search & Contact to undertake search, contact and mediation services on my behalf. I authorise Jigsaw to receive on my behalf copies of all relevant certificates and/or information pertaining to myself and my family. I agree to Jigsaw sharing my information with volunteer researchers 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 Rules of Association of Jigsaw Search & Contact Inc., and to act strictly within the law.

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

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

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

Rules of Association are available on our website and can be posted to you on request). Note: This completed form together with copies of documents pertaining to your membership become the property of Jigsaw Search & Contact Inc.