



Dear Registrant;

Would you be interested in sharing your story?

From time to time, magazines, newspapers, radio and television shows approach us looking for reunion stories. In addition, we will be including personal stories on our website. Exposure to the experience of others can be encouraging and educational for people seeking family. So often, they feel alone or without hope.

If you would be willing to share your story, please fill out and return the enclosed questionnaire and release.

Some people feel very private, while others are thrilled to share their experiences. We always want to honor your personal choice and that of the others in your extended family. We never release personal information to reporters, or researchers, without prior permission from those we have reunited.

We love to hear from the families that we've had the pleasure to serve. Our bulletin board fills up each year with reunion photos sent in by you, and at the end of each year we transfer them into albums. It is always a joy to receive updates and some of you have sent us cards for over 30 years. We are hoping that by adding your stories to the website, others will find the support and encouragement they seek.

Together we can make the journey easier for those who follow.

Thank you for considering this request.

Blessings,

Marri Rillera, REGISTRAR

REUNION QUESTIONNAIRE

Name _____ Phone _____

Address _____

City _____ State _____ Country _____ Zip Code _____

I am the Searcher Person Found Other _____

List the persons with whom you have been reunited:

Name & Age	Relationship	Year Reunited
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your position in the adoption triad:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adoptee | <input type="checkbox"/> Birthparent | <input type="checkbox"/> Adoptive Parent |
| <input type="checkbox"/> Adoptive Sibling | <input type="checkbox"/> Birth Sibling | <input type="checkbox"/> Other _____ |

Why did you register with ISRR? _____

Describe the initial phone call from ISRR telling you there was a match.

Describe your first reunion(s).

If a relationship has developed, describe it.

In retrospect, how do you feel about this experience?

Share any humorous or unusual aspects of your reunion.

What do you feel you have gained or others have gained from reunion?

What advice would you offer to others?

Return to: **ISRR** ~ P.O. Box 371179
Las Vegas, NV 89137

International Soundex Reunion Registry
MEDIA Interviews

FEEL FREE TO COPY THIS FORM FOR
OTHER INTERESTED FAMILY MEMBERS

Name _____ Phone _____
Address _____
City _____ State _____ Country _____ Zip Code _____
Additional Phone Numbers _____ SS# _____

.....
I would be willing to share my reunion experience by doing interviews for [CHECK ALL THAT APPLY]

Newspapers Magazines Books Radio Television Surveys/Research

.....
I am an: Adoptee Birth Parent Adoptive Parent
 Adoptive Sibling Birth Sibling Other _____

Date & State of Adoptees Birth: _____

Date/Year of Reunion _____

Briefly describe your reunion experience:

Please list the persons with whom you were reunited by ISRR. If any of them are also willing to share their experience publicly, please include addresses and phone numbers so we can contact them directly.

SIGNATURE

DATE

Release / Permission Form

I _____ (PRINT FULL NAME) have enclosed

- Photographs A Written Story Audio Tape(s) Video Tape(s)

for use by the International Soundex Reunion Registry on its websites, in flyers, brochures or other printed material, publications or productions. The following permission shall in no way restrict publication or use of this material by me, the undersigned, or others authorized by me. I am the sole owner and control the rights of use of these materials in their entirety. If other persons are seen or heard in the photographs or tapes, I will enclose signed releases from them, or understand that those portions will be excluded from use.

When possible, include the following acknowledgement or credit: (your name or photographers)

I, _____, do hereby give the International Soundex Reunion Registry, and its representatives, assigns or licensees, the right to use my name, story, pictures, photographs or tapes in all forms and media including composites, excerpts and quotes for any lawful purpose. I waive any right to inspect or approve finished versions, including written copy that may be created from these materials. I have read this release and am fully familiar with its contents.

Signed: _____ Date: _____

Address: _____

Minor Consent (if applicable)

I am the parent or legal guardian of the minor named above, and have the legal authority to execute the above release. I approve the above on their behalf.

Signed: _____ Date: _____

Address: _____

Return this form to:

INTERNATIONAL SOUNDEX REUNION REGISTRY

P.O. Box 371179

Las Vegas, NV 89137

*This form may be duplicated if you need to have copies signed by others whose likeness may be in your photographs or tapes. If possible return them all together or write your name in this box before duplicating so we can easily identify those releases and your materials.