



**JSC3 Membership Application  
For a Birth Parent searching for an  
adult child from whom they have been  
separated (no adoption)**

**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.**

**JIGSAW FEES\***

**\$330**  
*incl GST*

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

**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.

**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. Interstate and mobile phone calls of length will be charged over and above the above fee.

**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 \_\_\_\_\_

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.

**Additional Costs**

Renew Annual Membership	\$50*
Counselling/Additional Interviews	\$60
Discussion Groups	\$ 5

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

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

**Contact Us:**

Jigsaw Search & Contact - 176 Fitzgerald St. Perth. WA 6000 or PO Box 512. North Perth. WA 6906  
**Ph:** (08) 9328 4000 **Fax:** (08) 9328 4111 **Email:** [jigsaw@jigsaw.org.au](mailto:jigsaw@jigsaw.org.au) **Website:** [www.jigsaw.org.au](http://www.jigsaw.org.au)

**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. Cheques payable to JIGSAW SEARCH & CONTACT.

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

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

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

**YOUR DETAILS**

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**

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

For whom are you searching? \_\_\_\_\_ Your relationship to this person? \_\_\_\_\_

**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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Your ID Documents:**

Please supply copies of 2 identifying documents, this can include 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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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**

***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.

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 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 \_\_\_\_\_

(A copy of the Constitution will 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.