



ADOPTION SEARCH APPLICATION
(Adoptee)

(Please print in blue or black pen)

Name (current): _____ Date: _____
Adoptive name (if different): _____
Address: _____ State: _____ Zip Code: _____
Telephone #: _____ Email: _____
Date of birth: _____ Place of birth: _____ SS#: _____
Catholic Charities office affiliated with: _____
Adoptive parent(s) names: _____

SERVICES REQUESTED

- 1) I have enclosed a signed consent giving my authorization to be contacted in the event that my birth parent(s) contact the agency. **There is no fee.**
- 2) I have enclosed information that I would like added to the file in the event that my birth parent(s) contact the agency. **There is no fee.**
- 3) I would like all **non-identifying information** regarding my birth parent(s). This is descriptive documentation that can include the following: medical history, physical description, educational level, ethnicity, interests/hobbies, age, general type of employment, birth family description, and the nature of my birth parents' relationship. In addition (*check as many of the three that apply*):
 - I request that the record be reviewed for a release from a birth family member.
 - I request that all information be mailed to me.
 - I request an appointment at Catholic Charities to receive the information I requested.

I have enclosed \$200.00 for these services with this application.

- 4) Please review your files to determine:
 - if there is a release from a birth family member on file.
 - Specific information, please state: _____

I have enclosed \$50.00 for this service with this application.

- 5) I would like any and all **medical information** that is available in the record. I understand that the agency may have limited or no information.

I have enclosed \$100.00 for this service with this application.

- 6) I would like Catholic Charities to conduct a search for my:

<input type="checkbox"/> birth mother	<input type="checkbox"/> birth father
<input type="checkbox"/> sibling	<input type="checkbox"/> any relative

I have enclosed \$400.00 for up to five hours for this service with this application. I understand that there is a fee of \$80.00 per additional hour beyond the initial five hours, and I will be billed later if applicable.

- 7) I would like Catholic Charities to review my file and assist with a partial search for my:

<input type="checkbox"/> birth mother	<input type="checkbox"/> birth father
<input type="checkbox"/> sibling	<input type="checkbox"/> any relative

I have enclosed \$160.00 for up to two hours of this service with this application. I understand that there is a fee of \$80.00 per additional hour beyond the initial five hours, and I will be billed later if applicable.

Please: -Make check payable to Catholic Charities (if fee is required) and return with application to Wendy Vandenhoeck, Labouré Center, 275 West Broadway, South Boston, MA 02127.- Read Grievance Policy and Procedure and complete and have notarized the attached Consent Form.



**CONSENT FORM
(Adoptee)**

Please sign the following page in the presence of a licensed notary.

I certify that I am _____(your current name).

My adoptive name (if different than current) was _____.

My date of birth is _____.

In accordance with Massachusetts General Law Chapter 210, (please check **one** of the three):

I hereby authorize Catholic Charities to release my name, address, and telephone number to (check all that apply):

my birth mother my birth father any siblings any relatives

I hereby request that Catholic Charities contact me prior to releasing my name, address, and telephone number to (check all that apply):

my birth mother my birth father any siblings any relative

I do not give Catholic Charities permission to release my name, address or telephone number to anyone.

I will notify Catholic Charities of any change of address.

I understand that I can change my consent to release information at any time.

I understand that Catholic Charities abides by State and Federal law, and that the law could change at any time.

When I request that Catholic Charities do a search for my birth parent(s), I understand that I am responsible for the fees stated in the attached application and guide to search services. Catholic Charities may or may not be successful at finding my birth parent(s). Catholic Charities is not liable for the outcome of contact between myself and my birth parent(s).

All information submitted in or with this application is accurate to the best of my knowledge.

I have received a copy of Catholic Charities' Grievance Policy and Procedure.

Signature

Date

The above-signed party did establish his/her identity by means of _____.

Subscribed and sworn to before me this _____ day of _____.

My commission expires: _____.

Notary

Date