



**ADOPTION SEARCH APPLICATION**  
**(Adoptive Parent)**

- I am the adoptive parent of a child under 21 years of age.  
 I am the adoptive parent of an adult who has given me signed permission.

***(Please print in blue or black pen)***

Adoptive Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Adoptee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Office Affiliated with: \_\_\_\_\_

**SERVICES REQUESTED**

- 1)  I would like all **non-identifying information** regarding my child's 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 child's birth parents' relationship. In addition: *(check as many that apply)*
- I request that the record be reviewed for a release from a birth family member of my child.  
 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.**

**If you do not want non-identifying information but would like us to provide other services, please refer to #4, #5, #6 and #7 below.**

- 4)  Please review your files to determine:  
 if there is a release from a birth family member of my child on file.  
 other, 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 child's:  birth mother  birth father  
 sibling  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 child's:  
 birth mother  birth father  
 sibling  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.**



**CONSENT FORM  
(Adoptive Parent)**

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

I certify that I am \_\_\_\_\_(your current name).  
My child's adoptive name (if different than current) was \_\_\_\_\_.  
My child's 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 my child's: (check all that apply)

birth mother     birth father     siblings     relatives

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

birth mother     birth father     siblings     relatives

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 child's 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 child's birth parent(s). Catholic Charities is not liable for the outcome of contact between myself and my child's 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