



ADOPTION SEARCH APPLICATION
(Birth Parent)

(Please print in blue or black pen)

Name: _____ Date: _____

Name at time of adoption (if different): _____

Current address: _____ State: _____ Zip Code: _____

Telephone #: _____ Email: _____

Your date of birth: _____ Date of birth of child placed for adoption: _____

Your SS#: _____ Catholic Charities office affiliated with: _____

SERVICES REQUESTED

- 1) I have enclosed a signed consent giving my authorization to be contacted in the event that my child contacts the agency inquiring about me. **There is no fee.**
- 2) I have enclosed information that I would like added to the file in the event that my child contacts the agency. **There is no fee.**
- 3) Please review your files to determine:
 if there is a release from my child on file.
 other, please state: _____

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

- 4) I would like all **non-identifying information** on my child's adoptive family. This is descriptive information that can include any or all of the following: age, physical description, ethnicity, educational level, general type of employment, interests/hobbies, personality type, ages of other children. In addition, I request the following: *(check any of the three that apply)*
- I request that the record be reviewed for a consent from my child.
 I request that all information be mailed to me.
 I request an appointment at Catholic Charities to receive the information.

I have enclosed \$200.00 for this service with this application. Services include #3 as well.

- 5) I would like Catholic Charities to conduct a search for my child.

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.

- 6) I would like Catholic Charities to review my file and assist with a partial search for my child.

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 0212. Read Grievance Policy and Procedure and complete and have notarized the attached Consent Form.



**CONSENT FORM
(Birth Parent)**

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

I certify that I am _____(your current name),
the birth parent of _____(name of your child at the time of the adoption), who
was born on _____ in _____.
My name at the time of the adoption was (if different from above)_____.

<p>In accordance with Massachusetts General Law Chapter 210, (please check one of the three):</p> <p><input type="checkbox"/> I hereby authorize Catholic Charities to release my name, address, and telephone number to my child who was placed for adoption through Catholic Charities.</p> <p><input type="checkbox"/> I hereby request that Catholic Charities contact me prior to releasing my name, address, and telephone number to my child who was placed for adoption through Catholic Charities.</p> <p><input type="checkbox"/> I do not give Catholic Charities permission to release my name, address or telephone number.</p>

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 that was placed for adoption, 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. Catholic Charities is not liable for the outcome of contact between my child and myself.

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