



ADOPTION SEARCH APPLICATION
 (Relative of Birth Parent/Birth Parent Deceased)

(Please print in blue or black pen)

Applicant's Name: _____ Date: _____
 Address: _____ State: _____ Zip Code: _____
 Home Telephone #: _____ Work #: _____
 Cell #: _____ Email: _____
 Relationship to Birth Parent: _____
 Name of Birth Mother at time of Adoption: _____
 Name of Birth Mother at time of Adoption (if known): _____
 Catholic Charities office adoptee affiliated with: _____

SERVICES REQUESTED

- 1) I have enclosed a signed consent giving my authorization to be contacted in the event that the adoptee contacts the agency. **There is no fee.**

- 2) I have enclosed information that I would like added to the file in the event that the adoptee contacts the agency. **There is no fee.**

- 3) Please review your files to determine:
 - if there is a release from the adoptee on file.
 - other, please state: _____

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

- 4) I know the identity and whereabouts of the adoptee, or I know that there is a current release on file, and I would like Catholic Charities to make the initial contact.

I have enclosed \$200.00 for this service with this application.

- 5) I would like Catholic Charities to conduct a search for my parent's/relative's 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 parent's/relative's 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:

- Provide a copy of birth parent's death notice/certificate and proof of your relationship to the birth parent
- Make check payable to Catholic Charities (if fee is required) and return with application to Wendy Vandenhoeck, Labour Center, 275 West Broadway, South Boston, MA 02127
- Complete and have notarized the attached Consent Form.



CONSENT FORM
(Relative of Adoptee/Adoptee Deceased)

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

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

I am the son, daughter or next of kin of the birth parent who is _____
_____. The adoptee was born on or around _____.

<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 the adoptee.</p> <p><input type="checkbox"/> I hereby request that Catholic Charities contact me prior to releasing my name, address, and telephone number to the adoptee.</p> <p><input type="checkbox"/> I do not give Catholic Charities permission to release my name, address or telephone number to anyone.</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 an adoptee, 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 the adoptee. Catholic Charities is not liable for the outcome of contact between myself and the adoptee.

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