



**ADOPTION SEARCH APPLICATION**  
**(Relative of Adoptee/Adoptee Deceased)**

*(Please print in blue or black pen)*

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship to Adoptee: \_\_\_\_\_  
Name of Adoptee at time of Adoption: \_\_\_\_\_  
Date of birth of Adoptee: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Catholic Charities office adoptee 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 a member of my biological family contacts the agency. **There is no fee.**
- 2)  I have enclosed information that I would like added to the file in the event that a member of my biological family contact the agency. **There is no fee.**
- 3)  I would like all **non-identifying information** regarding my biological family member who made a plan of adoption. 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 biological 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 biological family member 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:
  - birth grandmother  birth grandfather
  - sibling  any relative

**I have enclosed \$400.00 (per person) 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:
  - 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.**

**Please:**

- 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.
- Read Grievance Policy and Procedure and 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 adoptee who is \_\_\_\_\_  
\_\_\_\_\_. The adoptee was born on \_\_\_\_\_.

<p>In accordance with Massachusetts General Law Chapter 210, (please check <b>one</b> of the three):</p> <p><input type="checkbox"/> I hereby authorize Catholic Charities to release my name, address, and telephone number to any biological family member.</p> <p><input type="checkbox"/> I hereby request that Catholic Charities contact me prior to releasing my name, address, and telephone number to my biological family member.</p> <p><input type="checkbox"/> I do not give Catholic Charities permission to release my name, address or telephone number to anyone.</p>
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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 biological family member, 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 biological family member. Catholic Charities is not liable for the outcome of contact between myself and my biological family member.

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