Post-Adoption Services Application

Child of Deceased Adoptee

Please note that services can only be provided if proof can be supplied demonstrating the adoptee is deceased, and the applicant is the child of the deceased adoptee. This can be done by including copies of the adoptee's death certificate and the applicant's birth certificate with your application.

Applicant Information

Applicant's Name: _____ Date: _____

Address: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Relationship to Adoptee: _____

Adoptee Information

Adoptee's Name at Birth: _____

Birth Mother's Name at Time of Adoption: _____

Adoptive Parents' Names: _____

Catholic Charities office affiliated with the adoption (select one):

☐ Boston
☐ Brockton
☐ Cambridge/Somerville
☐ Lynn
☐ Merrimack Valley (Lowell/Lawrence)
☐ Peabody
☐ Unknown

Outside Agency that facilitated adoption:

☐ Adoption Associates for All Children, Inc.

If the adoption was facilitated by any other locations/agencies than those listed above, Catholic Charities Boston likely does not have the record. You may still apply; however, the record may not be located by this Post-Adoption Services Team. For any DSS adoptions, please contact the DCF office closest to the adoption location.

Adoption Records, Catholic Charities, 275 W Broadway, South Boston, MA 02127
617-464-8510 • adoptionrecords@ccab.org

Catholic Charities BOSTON

Services Requested

Please check which services you would like to request. Fees vary based on request type.

1. ☐ I have enclosed a signed consent form 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 contacts the agency. **There is no fee.**

3. ☐ Request to locate and review file for a release signed by the adoptee or other member of my biological family consenting to contact.
   ☐ **$50 fee for this service is enclosed**

4. ☐ Request to locate and review file to compile medical information that is available in the record. I understand that the agency may have limited or no information.
   ☐ **$150 fee for this service is enclosed**

5. ☐ Request to locate and review file to compile a summary of all non-identifying background information available. This may include the following information about birth parents and biological family members:
   - Medical history, physical description, education level, ethnicity, interests/hobbies, age, employment status/job description, status of birth parents' relationship
     ☐ **$300 fee for this service is enclosed**

6. Locate and review file to conduct a search for the biological relatives selected below. Post-Adoption Services will search for selected biological relatives and initiate contact on the applicant's behalf. Post-Adoption Services will act as the facilitator for contact between the applicant and the selected biological relative.
   ☐ Birth mother ☐ Birth father

   ☐ Any relative (specify): _____
   ☐ **$550 fee is enclosed for up to five hours of this service**

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Payment & Application Submission

Please make check or money order payable to:

Catholic Charities
275 West Broadway
South Boston, MA 02127
Attn: Adoption Records

Please mail Application, Payment, and ***notarized*** *Consent Form to:*

Catholic Charities
275 West Broadway
South Boston, MA 02127
Attn: Adoption Records

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Catholic Charities BOSTON

Informed Consent for Post-Adoption Services

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

I certify:

My legal name is _____ and I am the child

of the adoptee. The adoptee's date of birth is or approximately 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 phone number to any biological family member.

☐ I hereby request that Catholic Charities contact me prior to releasing my name, address, and telephone number to any biological family member.

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

I understand that accessing Catholic Charities post-adoption services may yield benefits to me and/or my family. These may include learning about my/my family's medical history, understanding the timeline of the adoptee's birth/adoption, discovering more about the adoptee's birth parents, and establishing a connection with biological family members.

I understand that accessing Catholic Charities post-adoption services can lead to possible emotional or psychological distress and may result in unforeseen and/or disappointing outcomes. Catholic Charities is not liable for the outcome of contact between myself and any biological family members. Catholic Charities may or may not be able to locate my biological relatives. In the event my biological family members are located, Catholic Charities may not be able to obtain consent to facilitate contact. Outpatient counseling services are available through Catholic Charities Family Counseling and Guidance Center, and I can seek these services at any time with the understanding that there is a separate cost.

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I understand that if I choose to correspond with Catholic Charities via email, that Catholic Charities does not control the electronic devices including but not limited to computers, smartphones, tablets, or the Internet over which I may choose to engage in contact. I understand that Catholic Charities cannot prevent interceptions or compromises to my information while being electronically communicated between myself and the post-adoption services team.

I understand that Catholic Charities' policies and procedures comply with Massachusetts General Law c.210 section 5D governing the release of adoption information, and that these laws could change at any time. I understand that identifying information will not be shared without written consent.

I understand that I am responsible for submitting payment for the services I have requested in the post-adoption services application.

I attest that all information contained in or with this application is accurate to the best of my knowledge.

I have received and signed a copy of Catholic Charities' Grievance Policy and Procedure, included with this application.

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Signature: _____ Date: _____

The above-signed party did establish his/her/their identity by means of:

_____

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

My commission expires: _____

Notary : _____ Date: _____

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Post-Adoption Services
Grievance Procedure & Appeal Process

This form serves as the agency's written complaint policy and is provided to all clients. The signed consent form included with the submitted application serves as an acknowledgement of receipt of this policy. A copy of said signed consent form will be maintained in each client's individual case records.

Complaints regarding agency services or policies may be submitted in writing to the Senior Director for Family Services. Written complaints should be delivered via email or in-person to the agency address listed below. The agency will respond via email or postal mail within fourteen (14) working days of receipt.

Appeals of grievance decisions may be submitted by the client in writing to the Vice President of Family & Youth Services and delivered via email or in-person to the agency address listed below only. Appeals must be submitted within fourteen (14) working days of the agency's initial response. The agency will respond via email or postal mail within fourteen (14) working days of receipt.

In the event the client is dissatisfied with the appeal decision, the client may file a second written appeal within fourteen (14) working days of the previous decision to the agency's Chief Operating Officer (COO). The decision of the COO shall be final.

In cases in which the Senior Director or Vice President is the subject of the initial complaint, the complaint should be submitted directly to the Chief Operating Officer (COO).

Updated April 2, 2026