Catholic Charities BOSTON

Request for Records:
Nazareth/The Home for Destitute Catholic Children

Please note that the fee for this service is $100. Please see page 2 for more information.

Information for Person Requesting Records

Please fill out the following with your information.

Name: _____ Date: _____

Address: _____

Phone #: _____

Relationship to resident of Nazareth/Home for Destitute Catholic Children:

_____

Information for Resident of Nazareth/The Home for Destitute Catholic Children

To the best of your ability, please provide the following information about the person you are looking for.

Name: _____

Date of Birth: _____

Was this person adopted? _____

Birth Mother's Name: _____

Birth Father's Name: _____

_____

Requestor's Signature

Catholic Charities Adoption Records, 6 Pleasant St., Suite 220, Malden, MA 02148
617-464-8510 • adoptionrecords@ccab.org

Payment & Request Submission

Please make your $100 check or money order payable to:

Catholic Charities
6 Pleasant St., Suite 220
Malden, MA 02148
Attn: Adoption Records

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

Catholic Charities
6 Pleasant St., Suite 220
Malden, MA 02148
Attn: Adoption Records

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Informed Consent for Post-Adoption Services

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

I certify:

My legal name: _____

I am the relative of: _____

They resided at Nazareth or The Home for Destitute Catholic Children in or approximately in (year): _____

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 resident's time at Nazareth/The Home for Destitute Catholic Children, and/or discovering more about the resident's birth parents/family.

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 receiving records. Catholic Charities may or may not be able to locate records.

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.

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.

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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