

NON-IDENTIFYING BACKGROUND INFORMATION REQUEST
(PLEASE COMPLETE WITH ALL KNOWN INFORMATION)

DATE _____ FILE NO. _____
(Office Use Only)

NAME _____

MAIDEN NAME _____

ADDRESS _____ BIRTHDATE _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

DRIVERS LICENSE _____ SOCIAL SECURITY _____

ADOPTIVE FATHER AND MOTHER _____

ADDRESS AT TIME OF PLACEMENT _____

BIRTH FATHER AND MOTHER _____

ADDRESS AT TIME OF PLACEMENT _____

DO YOU WISH ALL AVAILABLE INFORMATION? YES _____ NO _____

(If no give instructions) _____

I hereby authorize Adoption Information and Referral Services of Catholic Charities CYO to release to me the information from my file/my child's file. (If the adopted person is under 19 years of age, the parent must sign.)

ADOPTED PERSON

DATE

PARENT

_____ I will come to the agency to receive the information in person (no notary needed).

_____ I request that the information be mailed to me (signature must be notarized).

_____ I have enclosed the \$100.00 fee for the report (I understand nothing will be mailed to me until CCCYO has received my payment).

Please address all requests and correspondence to the attention of Post Adoption

REVISED 9/2006