

**REQUEST FOR NON-IDENTIFYING BACKGROUND
INFORMATION
REGARDING BIRTHPARENTS OR ADOPTEE
(Social, Genetic, Health)**

Your Name: _____

Your Relationship to Adoptee:

Self (18 years or older) _____

Birth Parent _____

Adoptive Parent _____

If Adoptee is deceased, are you:

Adoptee's spouse, if genetic parent/
guardian of adoptee's children. _____

Child of Adoptee (18 years or older) _____

Your Address: _____

City/State/Zip: _____

Telephone: Home: _____ Work: _____

E-mail Address: _____

Name of Adoptee: _____

Male: _____ Female: _____ Adoptee's Date of Birth: _____

Birth Parent or Adoptive Parent(s) Name: _____

Comments:

Signed: _____ Dated: _____

**Please attach a copy of your birth certificate and a fee of \$25.00 payable by
check or money order to Catholic Charities.**

This service is not available to putative fathers.

CC Rev. 2/05