

ADOPTION SEARCH APPLICATION
(Sibling)

(Please print in blue or black pen)

Name: _____ Date: _____

Name of Birth Mother at Time of Adoption: _____

Your Current Address: _____

Telephone # Home: _____ Work: _____

Your Date of Birth: _____ Your SS#: _____

Were you adopted? Yes No Year of Birth of Sibling Placed for Adoption: _____

Catholic Charities Office Affiliated with: _____

SERVICES REQUESTED

- 1) I have enclosed a signed consent giving my authorization to be contacted in the event that my sibling contacts the agency. **There is no fee.**

- 2) I have enclosed information that I would like added to the file in the event that my sibling contacts the agency. **There is no fee.**

- 3) Please review your files to determine:
 - if there is a release from my sibling on file.
 - other, please state: _____
 - I have enclosed \$25.00 for this service with this application.**

- 4) I would like Catholic Charities to conduct a search for my sibling. I understand that to request this service:
 - I must also have been adopted, **OR**
 - My biological mother must be deceased, and I have to enclose a certified copy of her death certificate and a copy of my birth certificate.**
 - I have enclosed \$250.00 for up to five hours for this service with this application. I understand that there is a fee of \$50.00 beyond the initial five hours, and I will be billed later if applicable.**

Please:

- **Make check payable to Catholic Charities.**
- **Read Grievance Policy and Procedure.**
- **Complete and notarize the attached Consent Form.**



CONSENT FORM
(Sibling)

Please sign the following part in front of a licensed notary.

I certify that I am _____ (your current name).

My maiden name (if applicable) was _____.

My date of birth 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 telephone number to my sibling who was placed for adoption through Catholic Charities.
- I hereby request that Catholic Charities contact me prior to releasing my name, address, and telephone number to my sibling who was placed for adoption through Catholic Charities.
- I do not give Catholic Charities permission to release my name, address or telephone number.

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 child that was placed for adoption, 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 sibling. Catholic Charities is not liable for the outcome of contact between my sibling and myself.

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