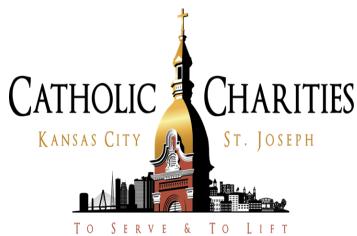


# Adoption Information Request Form



## INDIVIDUAL REQUESTING INFORMATION

I am the:      birth parent      adoptee      adoptive parent

\_\_\_\_\_

First Name	Middle Name	Last Name	Maiden
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\_\_\_\_\_

Street Address	County
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\_\_\_\_\_

City	State	Zip
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Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

## ADOPTEE'S INFORMATION     Please complete as much information as possible.

\_\_\_\_\_

First Name	Middle Name	Last Name	Other Names (if known)
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Date of Birth: \_\_\_\_\_ Gender:  Male  Female

County/State court that finalized the adoption: \_\_\_\_\_

Adoptive Parent's Names: \_\_\_\_\_

Birth Parent's Names: \_\_\_\_\_

## ADDITIONAL INFORMATION     Optional

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TYPE OF INFORMATION REQUESTED

If you are the birth parent, your options are:

**Correspondence**

Your file will be checked for any letters, cards, pictures or updates from the adoptive family and/or adoptee. Fee: Complimentary

**Access to File**

You are requesting to inspect protected health information about yourself that is maintained by Catholic Charities in your file. Separate paperwork is required for this request so please contact the adoption coordinator.

Fee: Fees to access files vary. No payment is due at this time.

If you are the adult adoptee or the adoptive parent of a minor adoptee, your options are:

**Correspondence**

Your file will be checked for any letters, cards, pictures or updates from the birth family. Fee: Complimentary

**Non-identifying Search**

A non-identifying search may include information regarding the birth parent's physical description, nationality, religious background, medical history and/or correspondence in your file.

Fee: \$175.00

**Identifying Search** (Identifying searches may only be requested by adult adoptees.)

Catholic Charities partners with Laura Long of Adoption Search Services ([www.adoptionsearchservices.com](http://www.adoptionsearchservices.com)) to conduct identifying searches. The court that finalized the adoption will authorize her to locate the biological parent(s) or adult sibling(s) to inform them of the request and to let them know that they have the right to release identifying information (non-identifying information is also provided), maintain confidentiality, or perhaps update medical history information. Your request will be sent to Adoption Search Services.

Fee: Arranged and paid directly to Adoption Search Services. No payment is due at this time.

If you are the adoptive parent of an adult adoptee, your options are:

**Correspondence**

Your file will be checked for any letters, cards, pictures or updates from the birth family. Fee: Complimentary

**Home Study**

You may obtain a copy of your original home study, including any home study updates associated with the adoption.

Fee: \$50.00

**Access to File**

You are requesting to inspect protected health information about yourself that is maintained by Catholic Charities in your file. Separate paperwork is required for this request so please contact the adoption coordinator.

Fee: Fees to access files vary. No payment is due at this time.

**NOTARIZED SIGNATURE**

I am interested in obtaining information from my adoption record at Catholic Charities of Kansas City-St. Joseph, Inc. I am aware of the Missouri law pertaining to adoption records (Section 453.121 RSMO) and understand that Catholic Charities will only release approved information to individuals in accordance with Missouri law for adoptions handled by our agency. If requesting an identifying search, I agree to release this form to the Adoption Searcher who partners with Catholic Charities and will work independently with the Adoption Searcher, including paying for the identifying search.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned Notary Public, personally appeared.

\_\_\_\_\_ known to me to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purpose therein contained.

In witness whereof, I have hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

My commission expires:

**SUBMITTING REQUEST**

Mail completed, notarized form and full payment (if applicable) to:  
Catholic Charities Kansas City-St Joseph  
Attn: Adoptions  
4001 Blue Parkway, Suite 250  
Kansas City, MO 64130

If you have questions, please contact the adoption coordinator at [adoptions@ccharities.com](mailto:adoptions@ccharities.com) or 816-659-8235. Please note the typical response time for correspondence checks and non-identifying searches is approximately 3-4 weeks, excluding holidays. The response time for identifying searches is significantly longer; an approximate estimate would be provided by Adoption Search Services.