



St. Mary's Services

Maternity counseling and adoption agency

POST ADOPTION SERVICES REQUEST FORM

DATE: _____

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

MAILING ADDRESS:

Street Number

Street

Apt #

Town

State

Zip

ARE YOU A/AN:

Adopted person

Birth Parent

Adoptive Parent

Birth Sibling

Descendant of Adopted Person

Other _____

Name of the Adoptive Parents at
adoption:

or

Name of the Birth Parents at the time of
the time of adoption:

Adopted person's date of birth: _____ Birth mother's date of birth: _____

Adopted person's gender: _____

Please check all that apply to your specific request:

I am requesting the following service at this time:

- non-identifying social information non-identifying medical information
- update file with your contact current contact information/brief file check for correspondence
- search/connection for birth relative (need to complete and return Information Exchange Authorization form in tandem with this form)

Special requests or Additional Comments: Please share on the lines below any special mailing requests you may have or additional comments/questions for St. Mary's Services' review.

Client Signature

Date

.....
Parental Permission:

I/We are aware that an adopted person under 21 years of age must have the written consent of the adoptive parent(s) in order to receive non-identifying information. I/We do hereby give my/our permission for _____ who is under 21 years of age to receive non-identifying information. Attached is a copy of my/our photo ID(s).

Parent Signature

Date

Parent Signature

Date

Would you like to be added to our mailing list? Yes No

Would you like to be added to our email list serve? Yes No