

**AGENCY REQUEST FOR ADOPTION INFORMATION (NON-IDENTIFYING OR IDENTIFYING)
OR CONTACT WITH SPECIFIED PERSONS**

You may request information about your own adoption or the adoption of a family member as listed below. Within 30 days of receipt of this form, the agency will determine if there are matching records on file and provide a written response that details whether or not information is on file. If the agency has any information on file, we will provide what is allowable by law to you within 120 days upon receipt of payment (which will be requested in the written response if applicable). Please note that the search and reunion process may take longer than 120 days in certain cases. Any information released will be provided to the requestor in writing, and in-person meetings with the agency can be arranged. Requests remain active and if information is received in the future, information will then be mailed to the requestor. **It is important to notify us of any change in your contact information.** When you have completed the form, please forward it to: Catholic Charities of the Diocese of Greensburg, Attention: Director of Adoption/Foster Care, 711 East Pittsburgh Street, Greensburg, Pennsylvania 15601. If you do not know or are unsure about an answer, you may leave it blank.

I (the requestor) am one of the following:

- Adoptee who is at least 18
- Adoptive parent of an adoptee who is under 18, or adjudicated incapacitated or deceased
- Legal guardian of an adoptee who is under 18, or adjudicated incapacitated
- Descendent of a deceased adoptee
- Birth parent of an adoptee who is at least 21
- Birth grandparent of an adoptee who is at least 21 (Birth parent must consent to the release of the information or be adjudicated incapacitated or deceased)
- Birth sibling if both adoptee and sibling are at least 21 and (check one):
- Sibling remained in the custody of the birth parent who has given consent for release of this information or who is incapacitated or deceased
- Sibling was adopted out of the same birth family as the adoptee for whom I am requesting information
- Sibling was not adopted out of the same birth family and did not remain in the custody of the birth parent

I am requesting information about, or contact with, the following individuals:

- An adoptee 21 or older;
- A birth parent of adoptee;
- A parent of the birth parent of an adoptee who is 21 or older if the birth parent consents, is incapacitated or is deceased;
- A birth sibling of an adoptee if both the sibling and adoptee are 21 or older and the following criteria exist:
- The birth sibling remained in custody of the birth parent and the birth parent consents to the release of the information or contact, is deceased or incapacitated;
- The birth sibling and the adoptee were both adopted out of the same birth family; or
- The birth sibling was not adopted out of the birth family and did not remain in the custody of the birth parent.

REQUESTOR'S CONTACT INFORMATION

NAME (Last, First, Middle)		DATE OF BIRTH (MM/DD/YYYY)	
MAILING ADDRESS			
CITY	STATE	ZIP	TELEPHONE
			()

I am requesting Identifying Search (Full Search) Non-Identifying Search
Identifying Search - may include names and contact information, should that information be able to be released by law, or if consent for the release of information can be obtained. Support facilitating the reunion process,

should that apply, is included (\$325 fee, to be collected following the written response from the agency)

Non-Identifying Search - does not include names and contact information, but could include medical, social and educational information, etc. (\$75 fee, to be collected following the written response from the agency)

You may specify that you do or do not wish **contact** with the person whose information you are requesting.

I **do** wish to have contact with the individual specified.

I **do not** wish to have contact with the individual specified.

Please note that the person whose information you request may not reciprocate your desire for contact, and/or may not provide consent to the release of identifying information, which is their legal right.

Please provide a brief summary of your expectations of the search:

Please provide as much information as you know about the person you are searching for:

CURRENT NAME (Last, First, Middle)				NAME RECORDED ON THE ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)				GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PLACE OF BIRTH	COUNTY	CITY/MUNICIPALITY	STATE	HOSPITAL (if known)		
ADOPTIVE PARENT INFORMATION						
ADOPTIVE MOTHER'S NAME (Last, First, Middle, Maiden)				ADOPTIVE FATHER'S NAME (Last, First, Middle)		
MAILING ADDRESS				MAILING ADDRESS		
CITY		STATE	ZIP	CITY		STATE ZIP
BIRTH PARENT INFORMATION						
BIRTH MOTHER'S NAME (Last, First, Middle, Maiden)				BIRTH FATHER'S NAME (Last, First, Middle)		
MAILING ADDRESS				MAILING ADDRESS		
CITY		STATE	ZIP	CITY		STATE ZIP

ADDITIONAL INFORMATION

LEGAL GUARDIAN'S NAME (Last, First, Middle, Maiden)			COUNTY COURT OR AGENCY THAT FACILITATED OR ARRANGED THE ADOPTION		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
BIRTH CERTIFICATE STATE FILE NUMBER			DATE OF ADOPTION FINALIZATION		
PLACE OF ADOPTION FINALIZATION	COUNTY		CITY	STATE	
OTHER INFORMATION: _____					

I certify that the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law (section 4904 of the Pennsylvania Crimes Code). Further, I understand that it is my responsibility to notify the registry of any change in address.					
SIGNATURE			DATE		