

Please fill out and return to:

**Catholic Charities
Post Adoption Department
1276 University Ave. W.
St. Paul, MN 55104-4101**

Name:

Address:

City

State

Zip

Date of birth: _____

Home Phone: _____

Work Phone: _____

Adoptive parents' names:

Please check any of the following that apply:

_____ I am requesting copies of documents in my file. I understand the wait for copies will be approximately two weeks. My check for \$40 is enclosed.

_____ I am requesting that Catholic Charities act as the intermediary with the Social Welfare Society. My check for \$100 is enclosed.

_____ Other service request(s) and/or comments: _____

Signature: _____ Date: _____

Please include the following: ___ signature
___ copy of photo ID
___ payment

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