SETON SERVICES
A DIVISION OF CATHOLIC CHARITIES
Search Request Form

Name: _____

Address: _____
Street

_____
City State Zip

Date of birth: _____

Home Phone: _____

Work Phone: _____ Hours: _____

Date of birth of son/daughter placed for adoption: _____

Birth mother's name at the time of placement: _____

Please check any of the following that apply:

___ I am a birth parent requesting a search for the son/daughter I placed for adoption in _____(year). I understand the wait before my search begins will vary depending on the length of the waiting list. My check for $25.00, a copy of my latest Federal Tax Return and a copy of my photo identification are enclosed.

___Other service request(s) or comment(s): _____

_____

_____

Signature: _____ Date: _____

Have you included:
___ signature
___ copy of photo ID
if search: ___ $25.000 deposit or full payment
if search: ___ copy of Federal Tax return

If you choose not to proceed at this time, please give us your current name, address and telephone number to update our file. This will enable us to more easily reach you if another member of the adoption triad wishes to have contact with you.