



ADOPTION SEARCH APPLICATION
(Adopted Person)

Name: _____ Date: _____

Adoptive Name (if different): _____ Date of Birth: _____

Current address: _____ State: _____ Zip Code: _____

Best Telephone #: _____ Other Telephone #: _____

Email: _____ Place of birth: _____

Adoptive Parent(s) Names: _____

SERVICES REQUESTED

- 1) I have enclosed a signed consent giving my authorization to be contacted in the event that my birth parent(s) contacts the agency.
- 2) I have enclosed information that I would like added to the file in the event that my birth parent(s) contacts the agency.
- 3) Please review your files to determine if there is a release from my birth parent(s) on file.
- 4) I would like all **non-identifying information** about my birth parent(s). This is descriptive information that can include any or all of the following: age, physical description, ethnicity, educational level, general type of employment, interests/hobbies, personality type, ages of other children, medical history, nature of my child's birth parents' relationship.
 I request that all information be mailed to me.
 I request an appointment at Bright Futures to receive the information.
I have enclosed \$25.00 for this service.
- 5) I know the identity and whereabouts of my birth parent(s), or I know that there is a current release on file, and I would like Bright Futures to make the initial contact.
I have enclosed \$150.00 for up to three hours for this service.
- 6) I would like Bright Futures to conduct a search for my:
I have enclosed \$250.00 for up to five hours for this service.
 birth mother birth father
 sibling(s) any relative



I understand that there is a fee of \$50.00 per additional hour beyond the initial time indicated for services 5 and 6, and I will be billed later if applicable.

Please: Make check payable to RFK Community Alliance; Read Grievance Policy and Procedure; and Complete and sign the attached Consent Form before a notary.