



**ADOPTION SEARCH APPLICATION**  
(Adoptive Parent)

*Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Current address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Telephone #: \_\_\_\_\_ Other Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_ Your date of birth: \_\_\_\_\_

Name of Adopted Person: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**SERVICES REQUESTED**

- 1)  I have enclosed a signed consent giving my authorization to be contacted in the event that my child's birth parent(s) contacts the agency inquiring about my child (only applicable if child is under 21). (There is no fee for this service.)
- 2)  I have enclosed information that I would like added to the file in the event that my child's birth parent(s) contacts the agency. (There is no fee for this service.)
- 3)  Please review your files to determine if:  
 there is a release from my child's birth parent(s) on file  
 other (please specify): \_\_\_\_\_  
**I have enclosed \$25.00 for this service.**
- 4)  I would like all **non-identifying information** about my child's 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 have enclosed \$150.00 for this service.**
- 5)  I would only like any and all medical information about my child. Please note that this information is included in the non-identifying information at no extra charge. **I have enclosed \$50.00 for this service.**
- 6)  I know the identity and whereabouts of my child's 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.**
- 7)  I would like Bright Futures to conduct a search for my child's:  birth mother  birth father  
**I have enclosed \$250.00 for up to five hours for this service.**  sibling(s)  any relative



**Please:**

- **Make check payable to RFK Community Alliance**
- **Read Grievance and Appeal Procedure.**
- **Complete and sign the attached Consent Form before a notary.**