



ADOPTION SEARCH APPLICATION
(Sibling/Other Relative)

Information about you:

Name: _____ Date: _____

Address: _____ City/Town: _____ State: _____ Zip Code: _____

Best Telephone #: _____ Other Telephone #: _____

Email: _____ Your date of birth: _____ Your SS#: _____

Were you adopted? Yes No

Information about birth parent if you were not adopted:

His/Her name at the time of relative's adoption: _____

His/Her address at the time of relative's adoption: _____

Year of birth of relative placed for adoption: _____

SERVICES REQUESTED

- 1) I have enclosed a signed consent giving my authorization to be contacted in the event that the individual placed for adoption contacts the agency.
- 2) I have enclosed information that I would like added to the file in the event that the individual placed for adoption contacts the agency.
- 3) Please review your files to determine if there is a release from the individual placed for adoption on file.
- 4) I would like Bright Futures to conduct a search for the individual placed for adoption. I understand that to request this service:
 - I must also have been adopted, OR
 - The birth parent of the individual is deceased, and I have enclosed with this Application a certified copy of the death certificate and a copy of my birth certificate.



I have enclosed \$250.00 for up to five hours for this service with this application. I understand that there is a fee of \$50.00 per additional hour beyond the initial five hours, and I will be billed later if applicable.

Please:

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