



**Children's
Service Society**

Adoption

ADOPTEE REQUEST FOR NON-IDENTIFYING INFORMATION

*Check the appropriate items and complete the requested information.
Please include a copy of your current picture ID and return this form to:*

Children's Service Society
Attention: Post Adoption Specialist
124 South 400 East, Suite 400
Salt Lake City, UT 84111

- Send medical information only. Enclosed is \$50.
- Send non-identifying information (*this includes medical information*). Enclosed is \$75.
- I give Children's Service Society permission to contact me in the event that there has been or ever will be a contact by my parents by birth, my siblings by birth, or my grandparents by birth.
- I give Children's Service Society permission to reveal to members of my birth family that I have contacted the agency for information.

Your non-identifying information report will be mailed to you within two weeks. Please provide an e-mail address if you would like us to e-mail it to you as well.

Name _____ Date of Birth _____

Current Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address _____

My Adoptive Parents' Names are:

Signature

Date

Notarial Seal

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Public

My commission expires _____