



**CATHOLIC CHARITIES**  
of the Archdiocese of Miami, Inc.

Catholic Charities continues to provide non-identifying family background information to former adoptees placed by agency staff in families residing throughout Broward, Miami-Dade, and Monroe Counties.

Florida Adoption Records are sealed. Catholic Charities will disclose reasonably available non-identifying information to an adoptive parent, adoptee, or birth parent.

Disclosures will only be made upon payment of a \$100.00 non-refundable service fee and receipt of a notarized [Non-Identifying Information Request Form](#).

Following an administrative review of your request by the staff of Catholic Charities your request will be approved and processed or denied. **Please be advised, not all adoption files contain the information you may have designated on the Non-Identifying Information Request Form.**

If no record is found or your request has been denied you will be notified. Under no circumstance will non-identifying information be provided over the telephone or by e-mail.

Please mail the completed and notarized Non-Identifying Information Request Form and service fee to:

Catholic Charities  
Adoption Information Request  
1505 NE 26th Street  
Wilton Manors, FL 33305

**For information regarding the State of Florida Adoption Registry:**

Contact:  
Florida Adoption Reunion Registry  
Florida Department of Health and Rehabilitation Services  
2811-E Industrial Plaza Drive  
Tallahassee, FL 32301  
(850) 353-0679  
(800) 962-3678  
Web site: [www.adoptflorida.com/Reunion-Registry.htm](http://www.adoptflorida.com/Reunion-Registry.htm)



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## Non-Identifying Information Request Form

**(Please Print)**

Name of Requestor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**To help in locating the Adoption record please provide as much of the following information as possible.**

Date of Adoption \_\_\_\_\_

Sex of the Adoptee:  Male or  Female      Adoptee Date of Birth: \_\_\_\_\_

Birth Mother's Name (at the time of birth) \_\_\_\_\_

Birth Father's Name \_\_\_\_\_

Adoptive Father's Name \_\_\_\_\_

Adoptive Mother's Name \_\_\_\_\_

**You are requesting non-identifying information on:  the birth parents /or/  the adoptive parents.**

**Please circle the non-identifying information you are requesting or check: ALL \_\_\_\_\_**

- Ethnicity
- Education
- Physical Description
- Basic Medical Information
- Religion
- Occupation
- Reasons For Adoption
- First Names
- Other Children
- Age At Time of Adoption
- Talents, Hobbies or Special Interest

**Requestor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Signed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ Notary Public in and for the State of \_\_\_\_\_