



CATHOLIC CHARITIES
of the Archdiocese of Miami, Inc.

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 _____



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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