



CATHOLIC CHARITIES
of the Archdiocese of Miami, Inc.

Non-Identifying Information Request Form

(Please Print)

Name of Requestor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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 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 check the non-identifying information you are requesting or check: ALL

- | | |
|--|---|
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Reasons for Adoption |
| <input type="checkbox"/> Education | <input type="checkbox"/> First Names |
| <input type="checkbox"/> Physical Description | <input type="checkbox"/> Other Children |
| <input type="checkbox"/> Basic Medical Information | <input type="checkbox"/> Age at Time of Adoption |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Talents, Hobbies or Special Interest |
| <input type="checkbox"/> Occupation | |

Requestor's Signature: _____ Date: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20_____,
by _____

(Seal)

Signature of Notary Public
Print, Type/Stamp Name of Notary

Personally known: _____

OR Produced Identification: _____

Type of Identification Produced: _____