Catholic Social Services
Adoption Records Information Packet

Catholic Social Services maintains adoption records from past adoptions facilitated within the Columbus diocese. In order to obtain from or provide information for our files, you must complete the appropriate notarized paperwork and provide us with a copy of your current birth certificate. If applicable, you must also provide documents linking your present name to your name at the time of birth.

If you are interested in obtaining information from our post-adoptive files, you must complete the enclosed request and sign it before a notary. Please note that we are only able to provide you with non-identifying information unless the other party you are inquiring about has given us his/her consent for identifying information to be released, or if we have received information via the probate court pertaining to their consent through the Ohio Adoption Registry. You will receive a written response to your request for information. Because we receive so many requests concerning information from closed adoption records, please give us at least one month to find the information you have requested. As there is much time spent in searching for the connecting files, reading through closed adoption records, and writing summaries for those seeking information, we must charge a fee for these services. Catholic Social Services charges $80.00/hour, with most cases taking 1-2 hours to complete. We require that a non-refundable payment of $80.00 be submitted to us at the time you submit your request. Any additional fees will be billed upon completion. Please make checks payable to “Catholic Social Services”.

If you are interested in making identifying information about yourself available to other members of the adoption triad, please sign the enclosed release of information form before a Notary Public, and return it to us with this completed form. Please be sure to specify information which you would like to have shared, should other parties contact the agency. If you desire, you may include additional information in separate letter format. There is no fee for submitting updated information or a release of information form.

Although we understand that some adoption triad members may use a third party to help them in the search process, please understand that due to confidentiality restrictions, we may only provide information relating to a past or present client directly to that client. Exceptions will only be made with a signed and notarized consent for release of information.

Should you have any questions about this process please contact us at (614) 221-5891.
Catholic Social Services
Request for Information from Closed Adoption Files

Please provide us with the following information:

Your current name: __________________________________________
Address: _____________________________________________________
________________________________________________________________________
Home telephone number: _________________________________
Work telephone number: ______________________________________

Please identify yourself by circling the appropriate category. I am:
Birth Parent      Adoptee      Adoptive Parent
Birth Sibling      Other: ________________________________

I am specifically requesting the following information:
(  ) Non-Identifying Medical History
(  ) Non-Identifying Social History
(  ) Non-Identifying anecdotal information from case notes
(  ) Identifying Information (if appropriate consent has been provided)

I would not be open to receiving the following information:______________________________
_____________________________________________________________________________________

ANSWER THE FOLLOWING QUESTIONS AS THEY APPLY TO YOU:

BIRTH PARENTS
What was your name at the time of the child’s birth?
______________________________________________________________
What is the child’s (adoptee’s) date of birth? _________________________
Please provide us with your own date of birth and social security number:
______________________________________________________________
Please provide us with any information you may have about your birth child:
_____________________________________________________________________________________

ADOPTEES
What is the name given to you by your adoptive parents? _________________________
What are the names of your adoptive parents? ________________________________

What is your date of birth? ____________________________________________
When did your adoption finalize? _________________________________________
Please provide us with any additional information you may know about your birth parent(s):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
ADOPTIVE PARENTS
What are your names? __________________________________________________________
What is the name you gave your child? _____________________________________________
What is the adoptee’s date of birth? ________________________________________________
When did your child’s adoption finalize? ____________________________________________
Please provide us with any additional information you may have about your child’s birth
parent(s): ______________________________________________________________________

BIRTH SIBLINGS (both identifying and non-identifying information can only be provided
to birth siblings with a signed release from the other party in the file)
What was the name given to your birth sibling by your mother? __________________________
______________________________________________________________________________
What is your birth sibling’s date of birth? ___________________________________________
What was your mother’s name at the time of your sibling’s birth? ______________________
______________________________________________________________________________
Please provide us with any additional information you may have about your birth sibling’s
adoption: _________________________________________________________________
______________________________________________________________________________

EVERYONE: Please include a copy of your current birth certificate along with a signed
and notarized copy of this form. If applicable, materials that connect your present name to
your previous name are also required.

My signing this form, I hereby certify that I am the above named individual. I am requesting information pertaining
to my own case file, or information a client has consented to have released to me.

_________________________________________________________ ________
Signature Date

NOTARY STATEMENT
________________________________ appeared personally before me on this _____ day of ________, 20____.
This instrument was subscribed and sworn to in my presence this date, to which witness my hand and seal of office.

_________________________________________
Notary Public
Catholic Social Services
Non-Identifying Information Update for Closed Adoption Records

Name (at time of Service): _____________________________________
Relationship to adoptee: ________________________________________
Date of Adoption: _____________

Date Updated Information Provided: _________________

**You must include a copy of your current birth certificate along with a signed and notarized copy of this form. If applicable, materials that connect your present name to your previous name are also required.**

Updated Medical and Mental Health History:
____________________________________________________________________________
____________________________________________________________________________

Updated Family and Relationship History (births, deaths, marriage, divorce, etc):
____________________________________________________________________________
____________________________________________________________________________

Updated Social History (educational background, field of employment, religion, talents and hobbies, etc):
____________________________________________________________________________
____________________________________________________________________________

Physical Characteristics and Biological/Genetic Information:
____________________________________________________________________________
____________________________________________________________________________

Additional Information that may not have been included in file at time of adoption (circumstances surrounding adoption, etc):
____________________________________________________________________________
____________________________________________________________________________

My signing this form, I hereby certify that I am the above named individual. The information I am providing is true to the best of my knowledge, and I consent to having this information released to members of the adoption triad upon request.

____________________________           ________
Signature                        Date

**NOTARY STATEMENT**

________________________________ appeared personally before me on this _____ day of ____________, 20____. This instrument was subscribed and sworn to in my presence this date, to which witness my hand and seal of office.

________________________________
Notary Public
CATHOLIC SOCIAL SERVICES
CONSENT FOR RELEASE OF IDENTIFYING INFORMATION

If you would like to make identifying information about yourself available to other members of the adoption triad, please complete the appropriate section below and sign before a Notary Public. Please return this form with your Adoption Information Questionnaire.

BIRTH PARENTS
I, __________________________, do hereby authorize Catholic Social Services to release identifying information about myself to my birth child should she/he request such information from your agency. The specific identifying information I want you to release is: ________________________________________________

________________________________________
Signature

ADOPTEES
I, __________________________, do hereby authorize Catholic Social Services to release identifying information about myself to my birth parent(s) should they request such information from your agency. The specific identifying information I want you to release is: ________________________________________________

________________________________________
Signature

ADOPTIVE PARENTS
I, __________________________, do hereby authorize Catholic Social Services to release identifying information about myself to my adopted child’s birth parent(s) should they request such information from your agency. The specific identifying information I want you to release is: ________________________________________________

________________________________________
Signature

BIRTH SIBLINGS
I, __________________________, do hereby authorize Catholic Social Services to release identifying information about myself to my birth sibling should she/he request such information from your agency. The specific identifying information I want you to release is: ________________________________________________

________________________________________
Signature

NEXT OF KIN
I, __________________________, do hereby authorize Catholic Social Services to release identifying information about myself to my next of kin’s birth relative, in the event of my kin’s death, should she/he request such information from your agency. The specific identifying information I want you to release is: ________________________________________________

________________________________________
Signature

NOTARY STATEMENT
________________________________ appeared personally before me on this _____ day of __________, 20_____. This instrument was subscribed and sworn to in my presence this date, to which witness my hand and seal of office.

________________________________________
Notary Public