



## 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.

**Please mail your Adoption Records Packet to:**

**Catholic Social Services  
Attn: Post-Adoption Services  
197 E Gay Street, Columbus, Ohio 43215**

**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 (adoptive'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:  
\_\_\_\_\_  
\_\_\_\_\_

**ADOPTTEES**

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

**ADOPTTEES**

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