Adoption Search Request

I would like to:

□ Search for the Adoptee (Birth Child) (Complete **Section A** *Only*)
□ Search for the Birth Parent (Complete **Section B** *Only*)
□ Other _____

SECTION A –SEARCH FOR THE ADOPTEE (BIRTH CHILD)	
Adoptee's Name at Time of Birth	Adoptee's DOB
Birth Mother's Name at Time of the Birth	Birth Mother's DOB
Your Current Name	
Current Address	
Daytime Phone Number	E-mail

SECTION B –SEARCH FOR THE BIRTH PARENT	
Name of the Adoptive Parents	
Adoptee's Name at Time of Adoption	Adoptee's DOB
Adoptee's Current Name	
Current Address	
Daytime Phone Number	E-mail

The Agency Involved in the Adoption was:

□ Catholic Charities □ Coleman Adoption Services □ Lutheran Family and Child Services

□ St. Elizabeth Home □ St. Vincent Orphanage □ Suemma Coleman

□ Other _____

_____ _____ _____

Printed Name ***Signature*** ***Date***

NOTARY:

Subscribed to, and sworn before me this _____ day of _____, 20____.

_____ _____

Printed Name Signature

State: _____ County: _____ Commission Expiration Date: _____

RETURN THIS SIGNED AND NOTARIZED FORM ALONG WITH A COPY OF YOUR PHOTO ID TO ST. ELIZABETH/COLEMAN, Attention Katrina, 2500 Churchman Ave., Indianapolis, IN 46203.