

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:

- | | | |
|---|--|---|
| <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> Coleman Adoption Services | <input type="checkbox"/> Lutheran Family and Child Services |
| <input type="checkbox"/> St. Elizabeth Home | <input type="checkbox"/> St. Vincent Orphanage | <input type="checkbox"/> Suemma Coleman |
| <input type="checkbox"/> Children's Bureau | <input type="checkbox"/> 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 Shamia, 2500 Churchman Ave., Indianapolis, IN 46203.