



Catholic Charities
Archdiocese of Dubuque

1229 Mount Loretta Avenue
Dubuque, IA 52003
563.588.0558
800.772.2758

REQUEST FOR POST ADOPTION SERVICES

NAME: (Please print) _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME/Cell PHONE # _____ WORK PHONE # _____
 EMAIL ADDRESS: _____

I am: ___ Adult Adoptee ___ Adoptive Parent ___ Birth Parent

PLEASE ANSWER THE FOLLOWING QUESTIONS IF KNOWN:

Birthdate of Adult Adoptee: _____
 Date of Adoptive Placement: _____ Names of Adoptive Parents: _____
 Name of Birthparent (s) at time of adoption: _____

I AM REQUESTING:

Type of Service	Fee
___ Non-identifying/medical information contained in the adoption file at the time of placement.	No Charge
___ Some form of contact with: ___ Adult Adoptee ___ Birthmother ___ Birthfather ___ Updated Medical Information	\$300.00

Signature _____ Date _____

Return the following items with this form:

- a. Search Fee
- b. Signed and notarized "Waiver of Confidentiality...Release of Information"
- c. Signed and notarized "Release of Liability and Agreement to Hold Harmless"
- d. Copy of birth certificate and/or driver's license.

Mailing address:
 Catholic Charities
 c/o Active Registry Adoption Services
 1229 Mt. Loretta Avenue
 Dubuque, IA 52003