



Adoption Search and Reunion Services

APPLICATION FOR ADOPTION SEARCH AND REUNION SERVICES

Information or Service Requested:

_____ Birth History - All non-identifying social and medical information available from record (\$150)

_____ Search and Reunion Services (\$500 per search)

_____ Update file with current information/review of file for any post adoption contact by birth/adoptive family (no fee)

_____ Other- Please Explain _____

Please complete the following information:

Requestor Full Name (Include maiden name):			Date Of Birth:	
Address:				
Home Telephone Number:		Alternate Telephone Number:		
Email:			Preferred Contact Type:	
Is the requestor the:	<input type="checkbox"/> Adoptee <input type="checkbox"/> Birth Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Other: _____ If Other, relationship to adoptee: _____			

Please include a copy of current photo identification with your application. You may also be asked to include documentation proving relationship to adoptee, birth parent, or adoptive parent.

DENVER/METRO OFFICE:
NORTHERN OFFICE:
SOUTHERN OFFICE:

1035 Osage Street, Suite 700, Denver, CO 80204
 2032 Lowe St., Suite 200, Fort Collins, CO 80525
 108 East St. Vrain Street, Suite 21, Colorado Springs, CO 80903



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I request that Lutheran Family Services Rocky Mountains (LFSRM) provide post-adoption services and/or written background information and/or search and reunion services to me. I understand that:

- The disclosure of identifying information is subject to current legal restrictions as set forth in Colorado Revised Statutes §19-5-301 et seq.; identifying information requires the written consent of the sought after party.
- Information provided is drawn from the agency's records and is based on what is given at the time of pregnancy/birth/relinquishment/adoption or post-adoption.
- Current or updated information is usually not available, but will be included if available and authorized by Colorado law.
- The agency cannot attest to the accuracy of the information.
- Information could be unexpected and/or distressful.
- LFSRM will review all material for identifying information, including letters, pictures, and updated medical information that is received for forwarding from adoptee/birth relative/adoptive parent to pertinent adoptee/birth relative/adoptive parent. LFSRM will censor said identifying information as appropriate prior to forwarding.
- A preparation counseling session is required in order to begin the search and reunion process.

My signature below indicates that I understand the above and consent to the receipt of information based on these terms. I acknowledge receipt of the document entitled "Disclosure of Information Regarding Post-Adoption Search Services." I also attest that I am at least 18 years of age.

Authorized Requestor's Signature

Date

Subscribed and affirmed, or sworn to before me in the County of _____, State

of _____, on this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

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