

Catholic Charities Jackson, Inc.

ADOPTION INFORMATION REQUEST

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____

Home Phone: _____
Work or Cell: _____

Occupation: _____

Date of Birth: _____
Race: _____
Religion: _____

Place of Birth: _____
City: _____ County: _____ State: _____

Name of adoptive parents: _____

Name and location of agency handling adoption: _____

If adoption was not through an agency, please list where and how: _____

Has there been any previous contact with Catholic Charities? _____

If so, when: _____

Please indicate the type of information desired:

Medical only _____ (Fee, \$25.00)
History of non-identifying information from record: _____ (Fee, \$50.00)
Search for birth parents: _____ (Fee, \$100.00 if adopted from CCI per parent)
Private adoption: _____ (Fee \$300.00)

Additional remarks:

Return this form with appropriate fee, copy of photo identification and birth certificate to:

Catholic Charities, Inc.
200 N. Congress St. Suite 100
Jackson, MS 39201

Attention: Betti Watters