

Catholic Charities Diocese of Venice, Inc.
5055 N. Tamiami Trail
Sarasota, FL 34234

Non-Identifying Information Request Form

(Please Print)

Name of Requestor: _____

Address: _____ City: _____ State: _____ Zip: _____

Requestor's Relationship To Adoptee: _____ Phone: _____

To help in locating the Adoption record please provide as much of the following information as possible.

Date of Adoption: _____

Sex of the Adoptee: _____ Male or _____ Female Adoptee Date of Birth: _____

Birth Mother's Name (at the time of birth): _____

Birth Father's Name: _____

Adoptive Father's Name: _____

Adoptive Mother's Name: _____

You are requesting non-identifying information on: _____ the birth parents /or/ _____ the adoptive parents

Please circle the non-identifying information you are requesting or check: ALL _____

- . Ethnicity
- . Education
- . Physical Description
- . Basic Medical Information
- . Religion
- . Occupation
- . Reasons For Adoption
- . First Names
- . Other Children
- . Age At Time Of Adoption
- . Talents, Hobbies or Special Interest

Requestor's Signature: _____ Date: _____

Signed and sworn before me on the _____ day of _____,

_____ Notary Public in and for the State of _____