



**CATHOLIC ADOPTION SERVICES  
OF WASHINGTON STATE**

A PROGRAM OF CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON

100 23<sup>rd</sup> Avenue South | Seattle, WA 98144-2302  
206-328-5928 | 877-865-5944 | FAX 206-328-5975  
www.ccsww.org/adoption

**REQUEST TO SEARCH FOR BIRTH CHILD  
WAIVER OF CONFIDENTIALITY,  
CONSENT TO CONTACT AND REUNION SERVICES  
HOLD HARMLESS AGREEMENT  
BIRTH PARENT OF AN ADOPTEE**

I, \_\_\_\_\_, request that Catholic Community Services conduct a search for my birth child on my behalf. I waive my right to confidentiality and authorize Catholic Community Services to divulge to my birth child information about me that they may find of interest, including my contact information, unless otherwise stipulated by me in writing to Catholic Community Services. I further consent to actions taken by Catholic Community Services for the purpose of facilitating contact between my birth child and myself.

I will hold Catholic Community Services and any and all of its employees harmless for any damage or injury that may result from complying with my wish to search for and contact my birth child and facilitate contact between us.

I have read this agreement or had it read and explained to me and fully understand its meaning and effect.

Birth Date of Adoptee: \_\_\_\_\_

Catholic Community Service's Office through which the adoption was completed,

Circle one:      Seattle      Tacoma      Vancouver      Everett      Bellingham

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Place of Signing: \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_ (Evening) \_\_\_\_\_

\_\_\_\_\_ signed or attested before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_  
residing at \_\_\_\_\_  
My appointment expires: \_\_\_\_\_

Please complete and return this form with a check for \$350.00 payable to Catholic Community Services.  
Mail to:

Catholic Community Services

Adoption Department  
100 23rd Avenue South  
Seattle, Washington 98144-2302

Upon receipt of the completed form and fee, we will order the file and initiate the search for your birth child.

If you would like to discuss your request further or have questions, please feel free to contact me.

Sincerely,

Jim Legaz, MSW  
206-328-5747  
JimL@ccsww.org

Carol Ryan, MEd  
206-328-5921  
CarolRyan@ccsww.org