

GOLDEN CRADLE ADOPTION SERVICES®

**95 W. Gate Dr.
Cherry Hill NJ 08034-2843**

Search Request Form

Please return this form with the Non-Refundable Fee and a copy of your identification to Golden Cradle Adoption Services at the address above. **This form must be notarized.**
Please call 856-428-1180 should you have any questions.

Name: _____ Birth Date: _____

Birth Place: _____ Date of Adoption: _____

Maiden Name, Other Names Previously Used: _____

Address: _____

Telephone Numbers you prefer to be contacted on:

Home _____ Cell _____

E-mail address: _____

Is it OK to leave a message at this phone number and/or e-mail address: Yes / No

Names of Adoptive Parents: _____

My adoptive parents: _____ do _____ do not know of my search (adult adoptees)

Name of child placed for adoption: _____

The person I wish to establish contact with is:

_____ Birthmother _____ Birthfather _____ Adult birth son/daughter

I request and authorize Golden Cradle Adoption Services to make all reasonable efforts to locate and contact, on my behalf, the person indicated above. I understand that the agency will conduct the search with respect for the right to privacy of the person I am seeking. I understand that all search attempts may or may not have the desired results. I understand that should I wish to search for more than one individual (ie: birth mother and father) additional fees will apply.

I am the person initiating the request and therefore responsible for all fees. I understand that all fees are non-refundable.

Signature

Date

SWORN TO, SUBSCRIBED AND ACKNOWLEDGED before me on this _____ day of _____, 20____.

(SEAL)

Notary Public, State of _____

Typed or Printed Name of Notary _____

My Commission Expires: _____

