

Date: _____

Ms. Anita Greenberg
Lutheran Social Services/NCA
4406 Georgia Ave., NW
Washington, DC 20011

Dear Ms. Greenberg:

I write to request **non-identifying information** about a person served by your agency's adoption program. I understand that no information is released regarding adoptees who are minors.

This request regards:

- Search for information about a child released for adoption.
- Search for information about birth parent(s).

Adoptee's name at the time of birth _____

Date of birth of adoptee _____

Address or area at the time of placement (if known) _____

Names of adoptive parents (if applicable) _____

Other comments or information about this search _____

Signature _____

Check or money order payable to *Lutheran Social Services* in amount of \$150.00 is enclosed.

Please contact me at the following address and telephone

Name _____

Street Address _____

City/State/Zip _____

Telephone (daytime) _____

Telephone (alternate) _____

Notarized signature required.

Notary signature and seal

Date