

APPLLICATION FOR CONFIDENTIAL INTERMEDIARY SERVICES

Pursuant to N.C.G.S. 48-9-104(b), I am applying for Confidential Intermediary Services from the _____ County Department of Social Services or _____, a North Carolina licensed child placing agency.

- I am the: birth parent of a child placed for adoption
 adult adoptee (21 years old or older)
 adult lineal descendant of a deceased adult adoptee
 adoptive parent of a minor adoptee (only non-identifying birth family health information can be shared)

Provide all information listed below or indicate it is unknown:

Applicant's Full Name: _____ Date of Birth: _____

Mailing Address: _____

Telephone: _____ Email: _____

Marital Status: __ single __ married __ separated __ divorced __ widowed

Birth Father's Full Name: _____

Birth Mother's Full Name: _____

Birth Name of Adoptee: _____ DOB: _____

Adoptee's place of birth: _____

Adoptee's Full Adoptive Name: _____

Adoptive Father's Name: _____

Adoptive Mother's Name: _____

Date of Final Decree: _____ County in which final decree was entered: _____

Agency that placed the adoptee or prepared the Report to Court: _____

If applicant is adult lineal descendant, relationship to the deceased adult adoptee:

Any other information known regarding the person about whom information is sought:

I am requesting the following services from the agency (check all that apply):

- current non-identifying birth family health information
- sharing of identifying information
- facilitation of contact by the agency
- counseling services from the agency

Signature

Date: _____

I, _____, do hereby certify that _____ personally appeared before me this day and acknowledged execution of the foregoing Application for Intermediary Services. I certify that I am a Notary Public or otherwise authorized to acknowledge signatures under Chapter 47 of the North Carolina General Statutes.

Witness my hand and seal this the ____ day of _____, _____.

Printed Name

(SEAL)

Signature

My commission expires: _____

Title