



Catholic Social Services

3710 East 20th Avenue, Anchorage, AK 99508 • (907) 222-7300 • fax (907) 258-1091 • www.cssalaska.org

SERVICE REQUEST FOR BIRTH PARENT

Current Name: _____ DOB: _____

My current address is _____

My **day-time** phone number is (_____) _____ Home phone (_____) _____

E-mail: _____ Cell phone (_____) _____

I am the _____ birthmother _____ birthfather of a child placed for adoption through Catholic Social Services.

Birthmother's name at the time of relinquishment: _____

Child's date of birth (or approximate date if you are unsure): _____

I request the following service(s):

- Participation in the Catholic Social Services Mutual Consent Adoption Registry.
(including one hour counseling through Catholic Social Services) (\$90.00) _____
 - Filing of Catholic Social Services Mutual Consent Adoption Registration papers
only (**requires verification of counseling**) (\$15.00) _____
 - Post Adoption Counseling at Catholic Social Services (\$75.00/hr) _____
 - Update birth child's file (No Fee) _____
 - Affidavit or Single Document Copy (No Fee) _____
- Total** _____

Signature

Date

**Please make your check payable to Catholic Social Services and mail to:
Adoption Program
Catholic Social Services
3710 E 20th Avenue
Anchorage, AK 99508**

This form must be submitted with copies of two types of proof of identity, one of which must be photo identification.