



Every child deserves a home.

REQUEST AND CONSENT FOR A SEARCH DUE TO MEDICAL NECESSITY

PLEASE CHECK:

- I request that Children's Home Society of Virginia act as intermediary to obtain current medical information from the birth parents. I understand that CHS cannot guarantee the results of this service. It is possible that the birth parents cannot be located or may not agree to participate in the exchange. Upon requesting this service, I understand that a non-refundable fee of \$75 is required.

Full legal name given by adoptive parents: _____

Date of birth: _____

Adoptive parents names: _____

Print current full legal name
(if not the same as above): _____

Current contact information:

Address	City	State	Zip
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Phone	Email Address
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Signature	Date
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NOTARY REQUIRED PRIOR TO SUBMITTING FORM:

STATE of _____

CITY/COUNTY of _____

Before me this day personally appeared, _____, who, being duly sworn, deposes and says that he/she executed the foregoing Request and Consent and acknowledged that he/she executed the same.

Notary Signature and Date

My Commission expires: _____