



Every child deserves a home.

REQUEST AND CONSENT: SEARCH AND NON-IDENTIFYING EXCHANGE

PLEASE CHECK:

- I request that Children's Home Society of Virginia act as an intermediary for the purpose of exchanging non-identifying information and pictures. I understand that CHS cannot guarantee the results of this service. It is possible that the second party cannot be located or may not agree to participate in the exchange. Upon requesting this service, I understand that a non-refundable fee of \$150 is required. If I later request direct contact through a reunion, I understand there is an additional fee of \$350.

Full legal name: _____

Date of Birth: _____

Name at time of adoption: _____

Name of child (if known): _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

Signature _____ Date _____

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: _____