



# Catholic Social Services

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

## SERVICE REQUEST FOR ADULT ADOPTEE

My name is \_\_\_\_\_

I was born on \_\_\_\_\_, 19\_\_\_\_\_, and am now \_\_\_\_\_ years of age.

My adoptive parents' names are \_\_\_\_\_

My current address is \_\_\_\_\_

My day-time phone number is (\_\_\_\_\_)\_\_\_\_\_ Home phone (\_\_\_\_\_)\_\_\_\_\_

E-mail:\_\_\_\_\_ Cell phone (\_\_\_\_\_)\_\_\_\_\_

### 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) \_\_\_\_\_
- 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 20<sup>th</sup> 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.**