ADOPTION
SUPPORT
AGENCY

APPLICATION FOR PROVISION OF INFORMATION FROM ADOPTION RECORDS

Father Hudson's Caritas

ORIGINS

Your Contact Details

Name:
Date of birth:
Address:

Telephone No:
Email (if used):
Any previous names:

Adoption Details *(complete any known information)*

Birth name:

Birth parents' names:

Date & place of birth:

Adoptive name:

Adoptive parents' names:

Date & place of adoption order:

Name of adoption agency involved:

Any special requirements **(eg large print, loop system or any other means to aid communication)**

Choice re where to receive service

☐ I would prefer information from Father Hudson's Caritas:
- ☐ In person at our offices at Coleshill.
- ☐ Through a Zoom meeting if ID document provided in advance.

☐ I have contacted my Local Authority's Post Adoption Team and they have agreed that you may send the information from my adoption records, to the following:
Agency Name & Address:
Name:
Position:
Phone:
(Please check their waiting period before opting for this)

Any background information already known

Signature **Date**

Thank you for completing this application form.
Please return by post to : Origins, Father Hudson's Caritas, St. George's House, Gerards Way, Coleshill, BIRMINGHAM B46 3FG
or email to origins@fatherhudsons.org.uk