

REQUEST FOR RELEASE OF INFORMATION
St. Anne's Home

Name of Requestor _____

Birthdate _____

Home Address _____

Tel. Home () _____
Business () _____

Please provide the following additional information to facilitate the location of records:
(Complete **only one section** depending on whether you are the primary client or a relative of same.)

Primary Client (You are the person that was originally placed in the Home)

Current Name _____

Last name during time at Mt. St. Anne's _____

Parents' names _____

Approximate dates you/they were at the home: _____

Family member of Primary Client:

Your name at time of child's birth _____

Your relationship to the child who was placed at St. Anne's _____

Name and Birthdate of child that was placed at St. Anne's _____

Please specify nature of information you are seeking and any special concerns: _____

Signature of Requestor: _____ Date _____

Return completed Request along with verification of identity to:

- Copy of photo identification**
- Copy of certified birth certificate-long form**
- Copy of civil marriage certificate (if applicable)**

Noreen F. Landry, LCSW
Catholic Charities Adoption Service
10 Hammond Street
Worcester, MA -1610-1513