

Request for De-identified Medical and Social History

I, _____ / _____, born on _____, and adopted
(Name) (Maiden Name) (Date of Birth)
through Colorado Christian Services, hereby request that Colorado Christian Services send to me de-identified copies of the social/medical history of my birthparents. I would like this information for the following reasons:

I understand that:

- * Identifying information is not provided due to current legal restrictions;
- * Information provided is drawn from Colorado Christian Services records and is based on what is given at the time of pregnancy/birth/relinquishment/adoption;
- * Current or updated information is usually not available but will be included if available;
- * The agency cannot attest to the accuracy of the information;
- * Information could be unexpected and/or distressful.

My signature below indicates I understand the above and consent to the receipt of information based on these terms.

Signature

Date

Notary:

Signed

Subscribed and sworn before me _____
(Date)

My Commission Expires: _____

Address

(SEAL)