



Search Release Form

I, _____, do now give my permission and request that Colorado Christian Services act as a mediator to begin the search process for my _____ [birth mother/birth father/birth child].

I understand that Colorado Christian Services might not be able to locate the party member that I am requesting and/or that if the party member named above is found they might not want to reestablish contact with myself. I further understand that the party member sought might not be living. I will not hold Colorado Christian Services or its agents liable for any or all results found within the search.

If the searched party is able to be found and is desirous of a reunification I hereby give my permission for Colorado Christian Services to release the following information to them (please complete only what you want shared):

Full Name

Street Address

City State Zip Code

Email Address

Phone Number (Can a message be left, circle one) YES NO

I release and hold harmless Colorado Christian Services and its agents from any and all liability that may arise from my having authorized this release of information. This release gives my full and legal permission to disclose my identity as described above. This release is to remain in full effect until otherwise revoked by me in writing. I attest that I am at least 18 years old and that I am indeed the individual I claim to be and was a member of this adoption triad. I understand that no one can guarantee the outcome of adoption reunification such as this and I will not hold Colorado Christian Services or its agents responsible for the outcome of the correspondence or the truths that are revealed after such correspondence has begun.

Signature

Date Signed

Date of Birth

Please attach a copy of your photo ID.

(State of _____)
(_____)
(County of _____)

Subscribed and affirmed before me in the county of _____, State of _____,
this _____ day of _____, 20____.

My Commission Expires: _____

SEAL

Notary Public

Address