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

If you are searching for more information regarding a past adoption through Catholic Social Services, please complete the following form with as much information as possible. This will allow us to review the records available, and provide you with the most accurate and informed information.

Name: _____ **Date:**_____

Address: _____

Phone:_____ **Email:**_____

I am a(n): ☐ **Adoptee** ☐ **Birth Parent** ☐ **Adoptive Parent** **Birthdate:** _____

Adopted child's name (at time of adoption):_____ **Birthdate:**_____

Birth Mother's name (at time of adoption):_____ **Birthdate:**_____

Birth Father's name (at time of adoption):_____ **Birthdate:**_____

Adoptive Mother's name (at time of adoption):_____ **Birthdate:**_____

Adoptive Father's name (at time of adoption):_____ **Birthdate:**_____

Specific Information you are requesting:

☐ Medical History ☐ Native Heritage ☐ Identifying Information (names, contact information)

Please provide additional details about your request:

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Please return completed form to:

Sarah Blanning
Adoption Coordinator
3710 E. 20th St.
Anchorage, AK 99508
sblanning@cssalaska.org
Fax: (907) 258-1091