

## APPLICATION FOR CONFIDENTIAL INTERMEDIARY SERVICES

Pursuant to N.C.G.S. 48-9-104(b), I am applying for Confidential Intermediary Services from the \_\_\_\_\_ County Department of Social Services or \_\_\_\_\_, a North Carolina licensed child placing agency.

I am the:  birth parent of a child placed for adoption  
 adult adoptee (18 years old or older)  
 adult lineal descendant of a deceased adult adoptee  
 adoptive parent of a minor adoptee (only non-identifying birth family health information can be shared)

### Provide all information listed below or indicate it is unknown:

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_ single \_\_ married \_\_ separated \_\_ divorced \_\_ widowed

Full Name of Birth Parent 1: \_\_\_\_\_

Full Name of Birth Parent 2: \_\_\_\_\_

Birth Name of Adoptee: \_\_\_\_\_ DOB: \_\_\_\_\_

Adoptee's place of birth: \_\_\_\_\_

Adoptee's Full Adoptive Name: \_\_\_\_\_

Full Name of Adoptive Parent 1: \_\_\_\_\_

Full Name of Adoptive Parent 2: \_\_\_\_\_

Date of Final Decree: \_\_\_\_\_ County in which final decree was entered: \_\_\_\_\_

Agency that placed the adoptee or prepared the Report to Court: \_\_\_\_\_

If applicant is adult lineal descendant, relationship to the deceased adult adoptee:

\_\_\_\_\_

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Any other information known regarding the person about whom information is sought:

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I am requesting the following services from the agency (check all that apply):

- current non-identifying birth family health information
- sharing of identifying information
- facilitation of contact by the agency
- counseling services from the agency

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged execution of the foregoing Application for Intermediary Services. I certify that I am a Notary Public or otherwise authorized to acknowledge signatures under Chapter 47 of the North Carolina General Statutes.

Witness my hand and seal this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Printed Name

(SEAL)

\_\_\_\_\_  
Signature

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Title