

Catholic Charities of South Carolina
AFFIDAVIT FOR RELEASE OF NON-IDENTIFYING INFORMATION - ADOPTION

Please print on all parts of form, except for signature spaces.

Name (first, middle, last): _____

Name at time of adoption: _____

Name of child at birth: _____

Child's Date of Birth: _____

County: _____ State: _____

STATE OF _____)

AFFIDAVIT FOR RELEASE

COUNTY OF _____)

OF NON-IDENTIFYING INFORMATION

PERSONALLY APPEARS the undersigned party, who being duly sworn, deposes and says that as the biological/adoptive parent/or person named above, I freely and voluntarily release and hold harmless Catholic Charities of South Carolina, Inc. and its affiliate offices and all employees thereof from any liability which may accrue by reason of the release and disclosure of this information.

_____ Signature

_____ Printed Name

_____ Address

_____ City, State, Zip

_____ Phone

SWORN TO AND SUBSCRIBED BEFORE ME
THIS THE _____ DAY OF _____

Area Office

Notary Public of _____

My Commission Expires: _____

**Please provide a copy of your drivers license with this document. Please e-mail this original document to
ccharities@charlestdioocese.org**