

Rollie McCarter Investigative Services
Rollie McCarter, III
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CLIENT INFORMATION SHEET
ADOPTEE or PERSON SEARCHING PARENT

Name: _____
(First, Middle, Maiden, Last)

Street Address: _____ Apt/Suite: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Mailing Address if different than above: _____

Home Phone: _____ Work Phone: _____

Pager: _____ Cellular: _____ Fax: _____

Mail Address: _____

Social Security No.(optional): _____ Drivers Lic. No: _____

Current Employment: _____

Length of Employment: _____ Position/Title: _____

Your Date of Birth: _____ Race: _____

Adoptees Date of birth: _____ Race: _____

Place of birth: City: _____ County: _____ State: _____

Time: _____ Weight: _____ Length: _____

Hospital: _____ Doctor: _____

Address: _____ City/State: _____

Date of Baptism if any: _____ Religion: _____

Place of baptism: _____

What Religious affiliation is the adoptive family? _____

Adoptee placement: City _____ County _____ State _____

Current Name of Placement Agency: _____

Address of Agency: _____

If agency has changed names since placement of child, specify such and indicate

if you have knowledge of current location of agencies records:

Name of Social Worker with whom you have dealt: _____

When was last contact with the agency? _____

Court of adoption finalization: _____

Non-identifying information received: _____

Birthname:(if known) _____

Birthmothers name at time: _____

Birthmothers maiden name if married at time: _____

Birthmothers husbands name if married: _____

Birthfathers name: _____

A COPY OF YOUR AMMENDED BIRTH CERTIFICATE MUST BE SENT IN.

Adoptive name: _____

Adoptive Father: _____

Adoptive Mothers Maiden Name: _____

PLEASE send copies of all correspondence you have obtained from all agencies. Completion of this form is for a **FREE QUOTE** to have a search conducted on your behalf. There is **NO** obligation whatsoever. Upon submission of this form you will then receive an exact quote from **Rollie McCarter Investigative Services**.

Your cooperation in completing this form is greatly appreciated. We realize that some people may have difficulty in answering certain questions on this application. In the event you **DO NOT** know the answer to a particular question or would prefer not to divulge said information, that is solely your prerogative. Should the lack of certain information prevent our agency from disclosing a quote to you, our agency will contact the applicant for consultation.