

Rollie McCarter Investigative Services
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CLIENT INFORMATION SHEET
BIRTHPARENT-BIRTHSIBLING-OTHER PERSON SEARCHING CHILD

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: _____

Email Address: _____

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

Current Employment: _____

Length of Employment: _____ Position/Title: _____

Your Date of Birth: _____ Race: _____

Birthmothers FULL name at time of childs birth: _____

Birthmothers FULL name at time of childs placement: _____

Alias used by birthmother if any: _____

Birthmothers FULL maiden name if married at time: _____

Birthmothers husbands FULL name if married at time: _____

Birthmothers Date of Birth: _____ Birthmothers Race: _____

Birthmothers birthplace: _____ Birthmothers Religion: _____

Full Name of Birthmothers father: _____

Full Name of Birthmothers mother: _____

Birthfathers name: _____

Were birthparents married to each other at the time? _____

When did birthmother relinquish child?(at birth, x weeks,x months, x years): _____

Did birthmother sign papers at agency, court, attorneys office, when, where, etc:

Childs full name at birth: _____

Alias used given to child if any (by birthparent or agency): _____

Child's date of birth: _____ Time: _____ Weight: _____ Length: _____

Sex: _____ Race: _____ Religion specified: _____

Hospital: _____ Doctor: _____

Address of hospital: _____

City: _____ County: _____ State: _____

Was child baptized prior to relinquishment or during foster care? Y() N()

If yes, when and where: _____

Permanent residence of birthmother at time of relinquishment: _____

Residence at time of birth if different then above: _____

Name of Maternity Home: _____

Address: _____

Name of placement agency: _____

Address: _____

Name of Social Worker: Then: _____ Now: _____

Last contact with agency: _____

Non-identifying information known about the adoptive family of child:

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.