



**ST. JOSEPH'S ORPHANAGE
RECORDS RELEASE REQUEST**

Date of Request _____

Your Name _____
First Middle Last Maiden Name

Names of Birth Parents _____

Names of Adoptive Parents _____

Names of Siblings (if applicable) _____

Your Date of Birth _____ **Dates of Residency** _____

Current Address _____

City _____ **State** _____ **Zip** _____

Telephone Number: _____

E-mail address: _____

Signature of Orphanage Client

- **Requests must be submitted in writing using this form, accompanied by a state-issued photo ID. No information is given out by phone.**
- **Requests can be mailed or e-mailed to:**

**Vermont Catholic Charities, Inc.
55 Joy Drive, South Burlington, VT 05403
Telephone: 802-658-6111
Fax: 802-860-0451
charityadmins@vermontcatholic.org**