



Lifetime Adoption Foundation
P.O. Box 1116
Nevada City, CA 95959
phone: (530) 432-7383 | fax: (530) 432-7379
Email: info@lifetimefoundation.org
Website: LifetimeFoundation.org

Adoption Professional Information

Name of adoption Professional who assisted you: _____

I, _____
Applicant name (please print)

give Lifetime Adoption Foundation permission to obtain information from

(Adoption Professional) for the purpose in verifying the legal adoption finalized on _____.

Signed this date _____, by

Applicant signature