

POST ADOPTION INFORMATION SHEET

<i>Office Use Only</i>	
A	_____
U	_____
AA	_____

PLEASE FILL OUT ONLY THE SECTIONS THAT APPLY TO YOU

DATE _____

ADOPTED ADULT PLEASE FILL OUT THIS SECTION

I. ADOPTIVE NAME _____	BIRTHDATE _____
Married Name _____	Sex _____
Address _____ _____	E-Mail Address _____
Phone(Home) _____ (Work) _____	Drivers License _____
	Social Security # _____

II. ADOPTIVE PARENTS' NAMES _____
(Lutheran Social Service of Minnesota will NOT be contacting them)

Address _____ _____	Address at the time of placement: _____
Phone _____	_____

III. SIBLING _____	Adopted _____
Address _____ _____	Non Adopted _____
Phone _____	

BIRTH PARENT(S) PLEASE FILL OUT THIS SECTION

IV. BIRTH PARENT(S) _____	_____
Address _____ _____	Maiden Name _____
Phone _____	Your son/daughter's date of birth _____
Your Birthdate _____	Email _____

Please address all requests and correspondence to the attention of Post Adoption

RELEASE OF INFORMATION

Please fill out this form carefully as it will determine exactly what, if any, identifying information you would like to have released by Lutheran Social Service. IF YOU DO NOT WANT THIS INFORMATION GIVEN OUT do not fill out name, address, e-mail or phone.

Please make a check mark on appropriate line(s) below:

_____ Enclosed is a letter, which may be shared with my birth _____ (please indicate one person such as: mother, father, son, daughter, sister, or brother. Note: A search for a birth father is a separate search and can only occur under certain circumstances).

_____ Lutheran Social Service of Minnesota may share the following identifying information about me with my _____.

Name: _____ Phone: _____
(First) (Maiden) (Last)

Address: _____

E-Mail Address _____

Date of Birth: _____

Signed _____

Date _____

THIS FORM REMAINS EFFECTIVE INDEFINITELY UNLESS OTHERWISE NOTED

THIS PAGE MUST BE NOTARIZED IN ORDER TO PROVIDE LUTHERAN SOCIAL SERVICE WITH VERIFICATION OF YOUR IDENTITY

Sworn and subscribed to before me
this _____ day of _____, 20____.

Notary Public

Please address all requests and correspondence to the attention of Post Adoption

FOR OFFICE USE ONLY	
INFORMATION VERIFIED	FILE INFORMATION
_____ Support Staff	AA Name _____
_____ Social Worker	BM Name _____
	Other Name _____