

## POST ADOPTION REQUEST

Date: \_\_\_\_\_

File # \_\_\_\_\_  
(for office use only)

Please fill out the section that applies to you:

If you are an **Adopted Adult**:

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Maiden Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Adoptive Parents Full Names \_\_\_\_\_

If you are a **Birth Parent**:

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Maiden Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Circle one: Son/Daughter's DOB \_\_\_\_\_

If you are an **Adoptive Parent**:

Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Adopted Son/Daughter's Name \_\_\_\_\_ DOB \_\_\_\_\_

**\*Turn page over for more information**

**INFORMATION REQUESTED**

\_\_\_\_\_ Check file for any updates

\_\_\_\_\_ Check file for other information  
(Please list your specific question/request)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**There is \$45 fee for this request:**

\_\_\_\_\_ I have enclosed the \$45.00 fee for processing this request

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adopted person signature

\_\_\_\_\_  
Parent (must sign if son/daughter is under 19)

\_\_\_\_\_  
Birth parent signature

**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

**\*Fee needs to be received prior to processing this request**