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POST ADOPTION INFORMATION SHEET

PLEASE FILL OUT SECTIONS THAT APPLY TO YOU

DATE _____

ADOPTED ADULT PLEASE FILL OUT THIS SECTION

I. ADOPTIVE NAME _____

BIRTHDATE _____

Married Name _____

Sex _____

Address _____

E-Mail Address _____

Drivers License _____

Phone(Home) _____ (Work) _____

Social Security _____

II. ADOPTIVE PARENTS _____

(Lutheran Social Service of Minnesota will NOT be contacting them)

Address _____

Phone _____

III. SIBLING _____

Adopted _____

Address _____

Non Adopted _____

Phone _____

BIRTH PARENT(S) PLEASE FILL OUT THIS SECTION

IV. BIRTH PARENT(S) _____

Address _____

Maiden Name

Your son/daughter's date of birth

Phone _____

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		WRITE NAME IN
____ Secretary		AA Name _____
____ Social Worker	INFORMATION VERIFIED	BM Name _____
		OtherName _____ (Sib, Birth father)