

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 _____

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 \$35 fee for this request:

_____ I have enclosed the \$35.00 fee for processing this request

Date

Adopted person signature

Parent (must sign if son/daughter is under 19

Birth parent signature

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

Notary Public

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