

REQUEST FOR ADOPTION RECORDS

Name of Person Requesting Records: _____

Address: _____

Phone Number: _____

Relationship to Adopted Child: _____

Reason for Request: _____

Place of Birth: _____

County in Which Adoption Occurred: _____

Name of Child at Time of Adoption (if known): _____

Name of Child after Adoption: _____

Child's Date of Birth: _____

Date of Adoption: _____

Names of Biological Parents (if known): _____

Names of Adoptive Parents: _____

Date: _____

Signature

_____ **Request Granted**

_____ **Request Denied**

Date: _____

Judge