

FORM TO RELEASE SEALED ADOPTION RECORDS

Proper identification must be provided when making request. If request is being made by mail, please include copy of identification for verification. Thank you.

Name: _____ DOB: _____

Adoptive Parent(s)' Names: _____

Date of Adoption: _____

Birth Name (if known): _____

Birth Mother's Name (if known): _____

Birth Father's Name (if known): _____

Reason for Request: _____

Date: _____

Signature: _____

Address: _____

Phone: _____

On this day the above application for release of adoption records was presented for my approval. I therefore GRANT / DENY the request for the release of the aforementioned information.

Date: _____

District Judge: _____

CCL Judge: _____