

Application for Release of Sealed Records-Adoption

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 Parents Names _____

Approximate Date of Adoption (if known) _____

Birth Name (if known) _____

Birth Mothers Name (if known) _____

Birth Fathers Name (if known) _____

Reason for Request: _____

Date _____

Signature _____

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 _____