APPLICATION FOR RELEASE OF 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 of Applicant _____ DOB _____

Interest in Case (adoptive parent, adoptee, etc.) _____

Cause No. (if known) _____

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: _____

Signature _____ Date:_____

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: _____   _____
                                 Judge Presiding