

**NOTICE OF ADOPTION
MEDICAL HISTORY**

IN THE _____ COURT OF _____ COUNTY, NEBRASKA

CASE NUMBER _____

IN THE MATTER OF THE ADOPTION OF

**NOTICE OF ADOPTION
MEDICAL HISTORY**

_____, a minor.

Notice to:

Bureau of Vital Statistics
P. O. Box 95007
Lincoln, Nebraska 68509-5007

You are advised that on _____, _____, I have determined that in the adoption of

(new adoptive name) :

- The medical history of the biological father is unavailable.
- The medical history of the biological mother is unavailable.
- This is a step-parent adoption; the court has determined that a medical history is not required in this case.

DATE: _____

BY THE COURT: _____ (seal)
(Clerk)