## **REQUEST TO OPEN ADOPTION RECORDS**

Name on adoption file:	
Approximate date of adoption:	
I am requesting my ov	vn record(s);
	uardian of the individual requesting records
This adoptee is over the ag	e of 24 is NOT over the age of 24
I am requesting copies of:	Decree of Adoption
	Medical Records
	Other:
Reason for request:	

## Do Not Sign Until in the Presence of a Notary.

Signature:	Date:	
Printed Name:		
(of requestor)		
Street Address/P.O. Box:		
City/State/ZIP Code:		
Telephone Number:		
*Email address:		

\*Nebraska Supreme Court Rule § 2-208 requires individuals who are not attorneys and representing themselves to provide their email address. The court will use the email address to send notices from the court about this case **except** for items that require another type of service as directed by statute or Nebraska Supreme Court Rule.

If you no longer have email capability or if your email or other contact information changes, you must complete a Change of Contact Information Form.

By checking this box, I am letting the court know that I do not have the ability to receive emails. The reason I cannot receive email is:

If completed by an attorney: Bar Number:	-	
VERIFICATION		

County o <u>f</u>	) ss. )	
This document was acknowledged before me by		

this \_\_\_\_\_\_, 20\_\_\_\_\_.

State of (

\_\_\_\_\_Notary commission expires: \_\_\_\_\_\_ Signature of Judge/Clerk of the Court/Notary Public

Title: \_\_\_\_\_\_ Serial Number (if any): \_\_\_\_\_

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