

**REQUEST TO OPEN ADOPTION RECORDS**

Name on adoption file: \_\_\_\_\_  
 Approximate date of adoption: \_\_\_\_\_

I am requesting my own record(s);  
 I am the parent/legal guardian of the individual requesting records

This adoptee is over the age 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: \_\_\_\_\_

