

Cause Number: _____

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 Adopted Person: _____ 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: _____

Address: _____

Phone #: _____

Email address: _____

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