



Non-Identifying Information Request Form

(Please Print)

Name of Requestor _____

Address _____ City _____ State _____ Zip _____

Phone _____

To help in locating the Adoption record please provide as much of the following information as possible.

Date of Adoption _____

Sex of the Adoptee: __Male or __Female Adoptee Date of Birth: _____

Birth Mother's Name (at the time of birth) _____

Birth Father's Name _____

Adoptive Father's Name _____

Adoptive Mother's Name _____

You are requesting non-identifying information on: __ the birth parents /or/ __ the adoptive parents.

Please circle the non-identifying information you are requesting or check: ALL _____

- Ethnicity
- Education
- Physical Description
- Basic Medical Information
- Religion
- Occupation
- Reasons For Adoption
- First Names
- Other Children
- Age At Time of Adoption
- Talents, Hobbies or Special Interest

Requestor's Signature _____ **Date** _____

Signed and sworn before me on the _____ day of _____, _____

_____ Notary Public in and for the State of _____