

Adult Adoptee Requesting Copy of Adoption Record

Note: This form is to be used by adult (18+) adoptees, whom adoption finalized in Kansas.

IDENTIFYING INFORMATION

Current Name: _____ **Date of Birth:** _____

Birth Name, if known: _____ **Birthplace:** _____

Telephone: _____ **Email:** _____

Street Address: _____

City/State/Zip: _____

Name of Adoptive Parents: _____

All Known Names and Aliases of Birth Mother, if known: _____

All Known Names and Aliases of Birth Father, if known: _____

If Applicable, Name of Agency involved in adoption: _____

II. INFORMATION REQUESTED:

- Social History
- Birth/Medical information completed by DCF/Child Welfare Case Management Provider (CWCMP)
- List Of Medical Providers Who Provided Treatment
- Case Plans
- Copy of Diploma, Transcript, G.E.D.
- Other Educational Records
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of Photo ID or Driver's License
- Copy of Proof of Citizenship
- Pictures

IF YOU HAVE REQUESTED A COPY OF YOUR ADOPTION RECORD:

Within 6 weeks, you should receive a copy of your adoption record. **You must be 18 years of age before any information can be released.** If a private agency was involved in your adoption (i.e. Kansas Children's Service League, Lutheran Social Services, Catholic Social Services, etc.) you may need to contact that agency for a more complete copy of your adoption record.

You must return: (1) This form completed, and (2) proper proof of identification (Photocopy of birth certificate, current driver's license or Government issued ID, verification from DCF/CWCMP staff, etc.) to DCF.KSADPSearch@ks.gov or Prevention and Protection Services (PPS) 555 S. Kansas Ave., 4th floor, Topeka, KS 66603.

Note: Incomplete requests will not be processed.

I, _____ (Name), declare under penalty of perjury and pursuant to KSA 53-601

that the foregoing is true and correct. Executed on _____ (Date).

Signature of Adoptee Requesting Record

Date