

Adult Adoptee Requesting Copy of Adoption Record

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

I. 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:

<input type="checkbox"/>	Social History
<input type="checkbox"/>	Birth/Medical information completed by DCF/Child Welfare Case Management Provider (CWCMP)
<input type="checkbox"/>	List Of Medical Providers Who Provided Treatment
<input type="checkbox"/>	Case Plans
<input type="checkbox"/>	Copy of Diploma, Transcript, GED
<input type="checkbox"/>	Other Educational Records
<input type="checkbox"/>	Copy of Birth Certificate
<input type="checkbox"/>	Copy of Social Security Card
<input type="checkbox"/>	Copy of Photo ID or Driver's License
<input type="checkbox"/>	Copy of Proof of Citizenship
<input type="checkbox"/>	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.

 Signature of Adoptee Requesting Record

 Date

