

Note: This form is to be used for adults who were former foster children and had parental rights relinquished or terminated.

I. Identifying Information

Name:	_____	Telephone:	_____
Street Address:	_____		
City/State/Zip:	_____		
Date of Birth:	_____	Birthplace:	_____
Name of Mother at time of severance or relinquishment, if known: _____			
Name of Father at time of severance or relinquishment, if known: _____			
Name of Agency or person involved in your foster care case, if known: _____			

II. Information Requested:

Social History	<input type="checkbox"/>
Birth/medical information completed by DCF/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"/>
Proof of Citizenship	<input type="checkbox"/>
Pictures	<input type="checkbox"/>

You must return: (1) this completed form, and (2) proper proof of identification (a copy of your birth certificate or current driver's license/State photo ID, verification from DCF/CWCMP staff, etc.) to the address listed above.

INCOMPLETE REQUESTS WILL NOT BE PROCESSED.