

Birth Parent Requesting Search/Contact With Adult Adoptee

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

Current Name: _____ **Date of Birth:** _____
Telephone: _____ **Email:** _____
Street Address: _____
City/State/Zip: _____
Birth Name, if known: _____
Child DOB: _____ **Child Birthplace:** _____
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: _____

The information in the gray shaded box below is the information our agency will provide to the person(s) you requested to be located.

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Your current name: _____

Your telephone number: _____

Your address: _____

Your email address: _____

Information I would like to share with the individual who has requested my information:

The adoptee for whom you are requesting contact with **must be 18 years of age** before our agency can initiate a search. You must be named in the adoption record, and/or original birth certificate, or have legal documentation of being the birth parent. Kansas will conduct a search for adoptee(s) listed above if adoption was finalized in Kansas. Our agency will attempt to contact the adult adoptee and, if located, will determine whether they are interested in contact. The searching process may take several months to complete. Please keep in mind there is a possibility our agency will be unable to locate the adult adoptee, or the adoptee may not wish contact. In either event, request will be filed in the adoptee's record in the event they should request contact at a future date. Upon completion of the search, you will be notified of the results.

Important!

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 Birth Parent Requesting Search

Date