

# Adult Adoptee/Birth Sibling Requesting Search/Contact

Note: This form is to be used by adult (18+) adoptees, whom adoption finalized in Kansas. As well as birth siblings who are requesting a search for an adult adoptee.

## 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. Please mark only the request(s) that apply:

**I am requesting a search to be conducted for my birth mother and/or birth father.**

You must indicate which birth parent(s) you wish to have contact with by checking the appropriate person(s) below:

Birth Mother

Birth Father

**I am requesting a search be conducted for my birth sibling(s) for possible contact.** The names of the sibling(s), if known,

I am requesting a search for are listed as follows:

\_\_\_\_\_  
Their name, (if known or as last known)

\_\_\_\_\_  
Their relationship to you

\_\_\_\_\_  
Their name, (if known or as last known)

\_\_\_\_\_  
Their relationship to you

\_\_\_\_\_  
Their name, (if known or as last known)

\_\_\_\_\_  
Their relationship to you

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

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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](mailto:DCF.KSADPSearch@ks.gov) or Prevention and Protection Services (PPS) 555 S. Kansas Ave., 4th floor, Topeka, KS 66603.**

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 person Requesting Search/Contact*

\_\_\_\_\_  
*Date*