

Adult Adoptee Requesting Search/Contact

Topeka, KS 66603

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, if known:	
Email			
Telephone:			
Street Address:			
City/State/Zip:			
Name of Adult Adoptees Adoptive Parent(s):			
All Names and Aliases of Birth Mother, if known:			
All 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 Birth Name

Their Date of Birth

Their Birth Name

Their Date of Birth

Their Birth Name

Their Date of Birth

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.

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 telephone number:	
Information I would like to share with the individual I have requested to locate:		

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 Adult Adoptee Requesting Search/Contact

Date

