**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**

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| **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:** |       |

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| **II. Information Requested:** |
| [ ]  | Social History |
| [ ]  | Birth/Medical information completed by DCF/Child Welfare Case Management Provider (CWCMP) |
| [ ]  | List Of Medical Providers Who Provided Treatment |
| [ ]  | Case Plans |
| [ ]  | Copy of Diploma, Transcript, GED |
| [ ]  | Other Educational Records  |
| [ ]  | Copy of Birth Certificate |
| [ ]  | Copy of Social Security Card |
| [ ]  | Copy of Photo ID or Driver’s License |
| [ ]  | Copy of Proof of Citizenship |
| [ ]  | 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.**

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| *Signature of Adoptee Requesting Record* |  | *Date* |

