**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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto: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.**

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

Shape

Description automatically generated with medium confidence