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**](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.**

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 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* |