

**BIRTH PARENT REQUESTING CONTACT WITH ADULT ADOPTEE**

Your Current Name: _____	Your Telephone: _____
Your Street Address: _____	
Your City/State/Zip: _____	
Birth Name of adoptee, if known: _____	Birth date of Adoptee, if known: _____
Birthplace of adoptee, if known: _____	Your relationship to Adoptee: _____
Name of Birth Mother at time of severance or relinquishment, if known: _____	
Name of Birth Father at time of severance or relinquishment, if known: _____	
Name of Agency or person involved in the adoption, if known: _____	

**IMPORTANT!!!**  
**IF YOU WISH TO RELEASE INFORMATION TO THE ADULT ADOPTEE YOU ARE REQUESTING CONTACT WITH, YOU MUST COMPLETE THE ATTACHED AUTHORIZATION TO RELEASE INFORMATION FORM AND SIGN IT BEFORE A NOTARY. NO IDENTIFYING INFORMATION SHALL BE RELEASED WITHOUT THIS FORM.**

(The adoptee for whom you are requesting contact with **must be 18 years of age** before our agency can initiate a search.) If any of your additional children were adopted in to the same adoptive family, we must wait until the youngest child has turned 18 years of age before we can conduct a search for any of them. You must be named in the adoption record and/or original birth certificate or have legal documentation of being the birth parent. The Kansas Department for Children and Families will conduct a search for the adoptee(s) listed above if his/her adoption was finalized in Kansas. If the adoption was finalized in another state, you will need to contact that state with your request.

Our agency will attempt to contact the adult adoptee and, if located, will determine whether he/she is interested in contact. The searching process may take several months to complete. Please keep in mind there is a possibility our agency will be unable to locate the adult adoptee or the adoptee may not wish contact. In either event, your request will be filed in the adoptee's record in the event he/she should request contact at a future date. Upon completion of the search, you will be notified of the results.

\_\_\_\_\_  
*Signature of Birth Parent Requesting Search*

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

**You must complete and return 1) this request form, 2) the attached authorization form notarized, and 3) a copy of your birth certificate or current driver's license (as proof of identity) to the address listed above.**  
**INCOMPLETE REQUESTS WILL NOT BE PROCESSED**

**AUTHORIZATION TO RELEASE INFORMATION FORM**

(This form supersedes CFS 7003 REV 1/11)

**I hereby give my permission to the Kansas Department for Children and Families to release the information I have provided in the gray shaded box below to the following person(s) for whom I have requested a search:**

_____	_____
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. You must put information in the gray shaded box below. **\*\*Please Note: In the event you do not wish to release your identifying information (name, address, email address and/or telephone numbers), do not provide this information in the box.**

<b>Your current name:</b>	<b>Your telephone number:</b>
<b>Your Address:</b>	<b>Your cell phone number:</b>
<b>Your email address:</b>	
<b>Your City, State, Zip</b>	_____
<b>Information I wish to share to the person I requested to be located:</b>	_____
_____	
_____	
_____	

\_\_\_\_\_  
**(You must sign your name)**  
Signature of Person Authorizing Release of Identifying Information

**(You must sign your name in front of)**  
**ACKNOWLEDGMENT BEFORE NOTARIAL OFFICER**

State of \_\_\_\_\_) (County) of \_\_\_\_\_)

Signed or attested before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.  
(Person authorizing release of above info)

\_\_\_\_\_  
Signature of Notary  
\_\_\_\_\_  
Title

(Seal) My appointment Expires: \_\_\_\_\_

