

ADULT REQUESTING SEARCH FOR BIRTH SIBLING(S)

Your Current Name _____ Your Telephone _____

Your Street Address _____ Your City/State/Zip _____

Are you an adoptee? _____ If so, what was your birth name? _____

I am requesting a search be conducted for my birth sibling(s) for possible contact. I understand that in order for a search to be conducted, I must have had an established relationship prior to my birth sibling(s) adoption and this must be identified in the adoption record. The names of the sibling(s) I am requesting a search for are listed as follows:

_____	_____
<i>Their Birth Name</i>	<i>Their Date of Birth</i>
_____	_____
<i>Their Birth Name</i>	<i>Their Date of Birth</i>
_____	_____
<i>Their Birth Name</i>	<i>Their Date of Birth</i>
_____	_____
<i>Their Birth Name</i>	<i>Their Date of Birth</i>

Name of Birth Mother at time of sibling's severance or relinquishment _____

Name of Birth Father at time of sibling's severance or relinquishment _____

IMPORTANT!!
IN ORDER TO RELEASE YOUR INFORMATION TO YOUR BIRTH SIBLING(S), IF LOCATED, YOU MUST COMPLETE THE ATTACHED AUTHORIZATION TO RELEASE INFORMATION FORM, WHICH MUST BE SIGNED BEFORE A NOTARY.

If it is determined that our agency will conduct a search for your birth sibling(s), our staff will attempt to locate your birth sibling(s) and determine whether he/she is interested in contact. The search process may take several months to complete. Please keep in mind there is a possibility that our agency will be unable to locate your birth sibling(s) or he/she may not be interested in having contact. In either event, your search request will be maintained in your sibling(s) adoption record(s) and will be available to him/her should they inquire at a future date. Upon completion of the search, you will be notified of the search results.

You must return: (1) this completed form, (2) the notarized authorization form and (3) proper proof of identification (a copy of your birth certificate or current driver's license) to the address listed above.

INCOMPLETE REQUESTS WILL NOT BE PROCESSED.

Signature of Birth Sibling Requesting Search

Date

AUTHORIZATION TO RELEASE INFORMATION FORM

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.**

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

(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: _____

Return to: DCF/ Prevention and Protection Services
555 S. Kansas Ave 4th Floor
Topeka, KS 66603
(785) 296-4653

PPS 0340
Rev. 4/15
Page 3 of 3



Department for Children
and Families
*Prevention and
Protection Services*

Strong Families Make a Strong Kansas