

ADULT REQUESTING SEARCH FOR BIRTH SIBLING(S)

Your Name _____	Telephone _____
Street Address _____	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:

Birth Name	Date of Birth
Birth Name	Date of Birth
Birth Name	Date of Birth
Birth Name	Date of Birth

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

IMPORTANT !!
IN ORDER TO RELEASE INFORMATION TO YOUR BIRTH SIBLING(S), IF LOCATED, YOU MUST COMPLETE THE ATTACHED AUTHORIZATION TO RELEASE INFORMATION FORM. THIS FORM MUST ALSO 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.

Please 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 Adoptee Requesting Record/Search _____ Date _____