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| **DEPARTMENT OF CHILDREN AND FAMILIES**Division of Safety and Permanence | **STATE OF WISCONSIN**Adoption Records Search ProgramP.O. Box 8916Madison, WI 53708-8916(608) 422-6928 |

**AFFIDAVIT**

**Use of form:**. Completion of this form is necessary to authorize the department to provide an adopted person with information about a birth parent's identity and location. A person adopted in Wisconsin can request this information at age 18 or older. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Return the original signed and notarized affidavit to the Adoption Records Search Program. Contact information can be updated at any time by calling (608) 422-6928. An affidavit can be revoked by notifying the Adoption Record Search Program in writing.

**NOTE: A separate affidavit must be used for each birth parent and child**.

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| **Section I Child** |
| Child’s Name at Birth (Last, First, Middle)      | Birthdate (mm/dd/yyyy)      | Gender[ ]  Female [ ]  Male |
| **Section II Parent** |
| Relationship to above named child: [ ]  Birth mother [ ]  Birth father [ ]  Legally named father |
| Name (Current – Last, First, Middle) Print or Type      | Name (Maiden Last) – If applicable      |
| Address (Current – Street, City, State, Zip Code)      |
| Address (Alternate – Street, City, State, Zip Code)      |
| Telephone Number – Home      | Telephone Number – Work      | Cell Phone Number      |
| Email Address      |
| Contact Preference: |
| [ ]  Telephone at: |       | [ ]  Mail |
| [ ]  E-mail [ ]  Any |
| [ ]  Do not want any contact. I am filing this affidavit to allow the other birth parent to have contact with the adoptee. |
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| **Section III Birth Facts (Completion Optional)** |
| [ ]  | My parental rights to the above named child were terminated in the State of Wisconsin,  |       |  |
|  | County Circuit Court on |       | . | (County Name) |  |
|  |  | (Date (mm/dd/yyyy) |  |
|  |
| Name – Adoption Agency      |
| Birth took place in: |    |  |       |  |       |  |       |
|  | State |  | County |  | City |  | Hospital |
| Name – Mother (At child’s birth) | Birthdate | Name – Father (At child’s birth) | Birthdate |
|       |       |       |       |
| [ ]  Yes [ ]  No Were the parents married at time of child’s birth? |
| **Section IV Signature / Notarization** |
| I authorize the Department of Children and Families to provide the above named child with my identity as specified in Section 48.433(2), Wisconsin Statutes. |
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|  | **SIGNATURE** – Birth Parent |  |
|  |
| **(If acknowledging Officer has seal / stamp it must be used here.)** | Subscribed and sworn to before me this  |  | day of  |  | . |
|  |  | (mm/yyyy) |  |
|  |  |  |  |
|  |  | **SIGNATURE** – Notary Public |  |
|  | My commission expires: |  |  |