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

**ADOPTEE AFFIDAVIT**

**Use of form:** This form is to be completed by an adult who was adopted in Wisconsin or an adult individual whose birth parents terminated their parental rights in Wisconsin. Completion of this form is necessary to authorize the department to release your contact information to your birth parent upon their request pursuant to 48.433(8r)(d). For more information visit our website at dcf.wisconsin.gov.

**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.

**Part I: Current Information**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 – Work | | Cell Phone Number |
| Email Address | | | |

**Part II: Adoption Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Adoptive Name | |  | | | |
|  | |  | | (First, Middle, Last) | | | |
|  | |  | |  | | | |
|  | Birthdate: | |  | |  | Birth Place: |  |
|  |  | | (mm/dd/yyyy) | |  |  | (City, State) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name(s) of adoptive parent(s) at time of placement | Parent 1 |  |
|  |  |  | (First, Middle, Last) |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Parent 2 |  |
|  |  |  | (First, Middle, Last) |

|  |  |  |
| --- | --- | --- |
|  | Name – Adoption agency (if known) |  |

|  |  |  |
| --- | --- | --- |
|  | County of adoption (if known) |  |

|  |  |  |
| --- | --- | --- |
|  | Yes  No | Was this a step-parent or relative adoption? |
|  | Yes  No | Were you adopted more than once? |

|  |  |  |
| --- | --- | --- |
|  | Birth Name (if known) |  |
|  |  | (First, Middle, Last) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name(s) of birth parent(s) if known | Mother |  |
|  |  |  | (First, Middle, Last) |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Father |  |
|  |  |  | (First, Middle, Last) |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **For Office Use Only** | | AF# |  | | | Date Filed |  | | |
| Released to: |  | | |  |  | | |  |  |
|  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Date |  |  | Date |  |  | Date |  |  |
|  | |  |  |  |  |  |  |  |  |

**Part III: Release of Information**

I wish to have my contact information released upon request to: (Check all boxes that apply)

|  |  |  |
| --- | --- | --- |
|  |  | Birth Mother |
|  |  | Adjudicated Birth Father |
|  |  | Any alleged birth father whose rights to me were terminated in a Wisconsin court |

I prefer to be contacted by: (Check all boxes that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Telephone at: | |  | | |
|  | Mailing Address: | | |  | |
|  | Email: |  | | | |
|  | Other (please specify) | | | |  |

**Part IV: Signature / Notarization**

I swear that I am the adult adoptee or individual named in Part I and that I authorize the Department of Children and Families to provide the above contact information to my birth parent as specified in Section 48.433(8r)(d)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | |
|  |  | | | |  | | | | | | |
|  | **SIGNATURE** – | | | |  | | | | | | |
|  | | | | | | | | | | | |
| **(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: | |  | | | | |  | | |

As provided under Wisconsin Statute section 946.32(1)(a), making a statement under oath or affirmation that you believe to be false for purposes of confirming your identity to obtain information from the adoption Records Search Program is a Class H felony, punishable by a fine of up to $10,000, or imprisonment up to 6 years, or both.