**BIRTH PARENT REQUEST FOR ADOPTEE’S IDENTITY**

**Use of form:** Completion of this application is required for a birth parent to request adoptee identifying information from the Adoption Records Search program. The Department of Children and Families is authorized to release an adult adoptee’s contact information upon request of the birth parents whose rights to that child have been terminated in Wisconsin if the adoptee has filed an affidavit under 48.433(8r)(d). If no affidavit has been filed, the request will be kept on file and adoptee information will be released at any point in the future when the adoptee files an affidavit. For more information visit our website at dcf.wisconsin.gov.

**Instructions:** Complete and return the signed and notarized Birth Parent Request form with the $40 application fee and completed confirmation of identify to Adoption Records Search Program, PO Box 8916, Madison, WI 53708-8916. A check or money order should be made out the Department of Children and Families. Please contact 608-422-6928 with questions.

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| **Applicant Information** | | | | | | | | | | |
| Current Name (Last, First, MI) | | | | | | | | | | |
| Mailing Address (Street, City, State, Zip Code) | | | | | | | | | | |
| Home Phone | | | Work Phone | | | | Cell Phone | | | |
| Email Address: | | | | | | | | | | |
| Your relationship to the adoptee: | | | | Birth Mother | | | | Alleged Birth Father | | |
|  | | | | Adjudicated Birth Father | | | | Not sure of legal status | | |
| Best method and time to contact you during the day | | | | | | | | | | |
| **Adoptee information** | | | | | | | | | | |
| Please provide all information you know about the adult adoptee whose contact information you are requesting. | | | | | | | | | | |
| Child’s Name at Birth (Last, First, Middle) | | | | | | Birthdate (mm/dd/yyyy) | | | | Gender  Female  Male |
| My parental rights to the above-named child were terminated in the State of Wisconsin, | | | | | | | | | | |
| County of       Circuit Court, on       (mm/dd/yyyy). | | | | | | | | | | |
| Adoption Agency Name | | | | | | | | | | |
| Birth took place in: | | | | | | | | | | |
| State | County | City | | | Hospital | | | | | |
| Mother’s Name (At Child’s Birth) | | | | | | | | | Birthdate | |
| Father’s Name (at child’s birth) | | | | | | | | | Birthdate | |
| Yes  No Were the parents married at the time of child’s birth? | | | | | | | | | | |
| **Confirmation of Identity** | | | | | | | | | | |
| 1. Complete the information on the next page and sign before a notary public. (Bank or attorney’s office) | | | | | | | | | | |
| 1. Attach a copy of a current state issued ID | | | | | | | | | | |
| 1. Include proof of name change (not necessary for marriages) | | | | | | | | | | |

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|  | | | |
| I, |  | whose date of birth is |  |
|  | (Name – Applicant) |  | (mm/dd/yyyy) |

certify that I am a birth parent whose parental rights were terminated in the state of Wisconsin to the adoptee listed on page 1, that the attached identification card contains my actual photograph and signature and that the information provided on this application is true.

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|  | **SIGNATURE** – Applicant |

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| Subscribed and sworn to before me |  |

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| this |  | day of |  | , 20 | . |  |
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| Notary Public, State of |  |  |

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| My commission expires: |  |  |

[SEAL]

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.