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| **DEPARTMENT OF CHILDREN AND FAMILIES**  Division of Safety and Permanence | **STATE OF WISCONSIN**  Adoption Records Search Program  P.O. Box 8916  Madison, 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: | | | | | | |  | | | | | | | | | | |  | | | | |