

DEPARTMENT OF CHILDREN AND FAMILIES

Division of Safety and Permanence
DCF-F (CFS-0142) (R. 01/2009)

STATE OF WISCONSIN

Adoption Records Search Program
P.O. Box 8916
Madison, WI 53708-8916
(608) 266-7163

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) 266-7163. 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.

Section I Child

Child's Name at Birth (Last, First, Middle)	Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
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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
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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.

Section III Birth Facts (Completion Optional)

My parental rights to the above named child were terminated in the State of Wisconsin, _____ (County Name)
County Circuit Court on _____ (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
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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.

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: _____