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.

Child's Name at Birth (Last, First, Middle) Birthdate (mm/dd/yyyy) Gender Section II Parent Relationship to above named child: Birth mother Isinh father Legally named father Name (Current – Last, First, Middle) Pint 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:	Section I Child					
Section II Parent Relationship to above named child: Birth mother Birth father Name (Maiden Last) – If applicable 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:	Child's Name at Birth (Last, First, Middle)			Birthdate (mm/dd/yyyy)		
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 Ernall Address Contact Preference:					Female Male	
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:						
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Address (Alternate – Street, City, State, Zip Code) Telephone Number – Home Telephone Number – Work Cell Phone Number Email	Name (Current – Last, First, Middle) Print or Type		N	Name (Maiden Last) – If applicable		
Telephone Number – Home Telephone Number – Work Cell Phone Number Email Address	Address (Current – Street, City, State, Zip Code)					
Email Address Contact Preference: Telephone at:	Address (Alternate – Street, City, State, Zip Code)					
Contact Preference:	Telephone Number – Home	Telephone Number	ephone Number – Work		Cell Phone Number	
Image:	Email Address					
My parental rights to the above named child were terminated in the State of Wisconsin,	Telephone at: Image: Mail E-mail Image: Any					
My parental rights to the above named child were terminated in the State of Wisconsin,	Section III Birth Facts (Completion Optional)					
County Circuit Court on (Date (mm/dd/yyyy) Name - Adoption Agency Birth took place in:						
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. 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 SIGNATURE – Notary Public SIGNATURE – Notary Public	County Circuit Court on (County Name)					
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 Image: 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 Signature – Notary Public	Name – Adoption Agency					
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 Image: 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 Signature – Notary Public	Birth took place in:					
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it must be used here.) (mm/yyyy)	SIGNATURE – Birth Parent					
SIGNATURE – Notary Public		Subscribed and	Subscribed and sworn to before me this		(mm/aaaa)	
	,				(11111/9999)	
			SIGNATURE – Notary Public			
		My commission	My commission expires:			