

COURT AND AGENCY REQUEST FOR ADOPTION INFORMATION (NON-IDENTIFYING OR IDENTIFYING) OR CONTACT WITH SPECIFIED PERSONS

You may request information about your own adoption or the adoption of a family member as listed below. If the court or agency has any information on file, we will provide what is allowable by law to you within 120 days. Any information released will be mailed to the requestor. If no information is on file at the time of the request, a notice of that fact will be mailed. Requests remain active and if information is received in the future, information will then be mailed to the requestor.

It is important to notify us of any change in your contact information. When you have completed the form, please forward it to: **Bucks County Orphans' Court**

**Adoptions
55 E. Court Street
Doylestown, PA 18901**

Please include photo identification and all necessary fees. Requests for non-identifying information or contact/ identifying information are \$50. Requests for certified documents are \$25 per document. All checks must be made payable to the Orphans' Court. For further information call 215-348-6265.

Please type or print in black or blue ink. If you don't know or are unsure about an answer, leave it blank.

I (the requestor) am one of the following:

- Adoptee who is at least 18
- Adoptive parent of an adoptee who is under 18, or adjudicated incapacitated or deceased Legal guardian of an adoptee who is under 18, or adjudicated incapacitated
- Descendent of a deceased adoptee
- Birth parent of an adoptee who is at least 21
- Birth grandparent of an adoptee who is at least 21 (Birth parent must consent to the release of the information or be adjudicated incapacitated or deceased)

Birth sibling if both adoptee and sibling are at least 21 and (check one):

- Sibling remained in the custody of the birth parent who has given consent for release of this information or who is incapacitated or deceased
- Sibling was adopted out of the same birth family as the adoptee for whom I am requesting information
- Sibling was not adopted out of the same birth family and did not remain in the custody of the birth parent

I am requesting information about or contact with the following individuals:

- An adoptee 21 or older;
 - A birth parent of adoptee;
 - A parent of the birth parent of an adoptee who is 21 or older if the birth parent consents, is incapacitated or is deceased;
- A birth sibling of an adoptee if both the sibling and adoptee are 21 or older and the following criteria exist:
- The birth sibling remained in custody of the birth parent and the birth parent consents to the release of the information or contact, is deceased or incapacitated;
 - The birth sibling and the adoptee were both adopted out of the same birth family; or
 - The birth sibling was not adopted out of the birth family and did not remain in the custody of the birth parent.

REQUESTOR'S CONTACT INFORMATION

NAME (Last, First, Middle)	DATE OF BIRTH (MM/DD/YYYY)

MAILING ADDRESS			

CITY	STATE	ZIP	TELEPHONE
			()

I am requesting Contact/Identifying Information Non-Identifying Information Both
OR

- a Certified Decree an Adoption Certificate

Identifying Information will include names and possible contact information.

Non-identifying Information does not include names or contact information but could include medical, social and educational information, etc.

You may specify that you do or do not wish **contact** with the person whose information you are requesting.

- I **do** wish to have contact with the individual specified.
- I **do not** wish to have contact with the individual specified.

REQUEST FOR ADOPTION INFORMATION ABOUT OR CONTACT WITH SPECIFIED PERSONS

Please provide as much information as you know about this person.

CURRENT NAME (Last, First, Middle)			NAME RECORDED ON THE ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)		GENDER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PLACE OF BIRTH	COUNTY	CITY/MUNICIPALITY	STATE	HOSPITAL (if known)	

ADOPTIVE PARENT INFORMATION

ADOPTIVE MOTHER'S NAME (Last, First, Middle, Maiden)			ADOPTIVE FATHER'S NAME (Last, First, Middle)		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

BIRTH PARENT INFORMATION

BIRTH MOTHER'S NAME (Last, First, Middle, Maiden)			BIRTH FATHER'S NAME (Last, First, Middle)		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

ADDITIONAL INFORMATION

LEGAL GUARDIAN'S NAME (Last, First, Middle, Maiden)			COUNTY COURT OR AGENCY THAT FACILITATED OR ARRANGED THE ADOPTION		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
BIRTH CERTIFICATE STATE FILE NUMBER			DATE OF ADOPTION FINALIZATION		

PLACE OF ADOPTION FINALIZATION	COUNTY	CITY	STATE

ADDITIONAL STATEMENT(S) Please use the below space to describe the reason for your request/what information is needed.

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (section 4904 of the Pennsylvania Crimes Code). Further, I understand that it is my responsibility to notify the registry of any change in address.

SIGNATURE	DATE

