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| DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)**Adoption Archive Request for Non-Identifying Information** |
| **Requestor’s Information (Please Print)** |
| REQUESTOR’S NAME (LAST, FIRST, MIDDLE) | RELATIONSHIP TO ADOPTED CHILD (SELF, SIBLING, ADOPTIVE PARENT OR BIRTH PARENT) |
| MAILING ADDRESS CITY STATE ZIP CODE |
| TELELPHONE NUMBER (INCLUDE AREA CODE) | EMAIL ADDRESS |
| REQUESTOR’S SIGNATURE DATE SIGNED |
| **Please include a copy of your State Photo Identification with your request form(your request cannot be processed without Photo ID).** |
| I request the following information: [ ]  Legal documents [ ]  Medical documents [ ]  Social history [ ]  Case Notes [ ]  Payments |
| **Adopted Child’s Information (Please Print)** |
| ADOPTED CHILD’S BIRTH NAME (LAST, FIRST) | ADOPTED CHILD’S CURRENT NAME (LAST, FIRST) |
| ADOPTED CHILD’S DATE OF BIRTH | DATE OF ADOPTION | COUNTY OF ADOPTION | DSHS ADOPTION?[ ]  Yes [ ]  No |
| ADOPTED MOTHER’S NAME (LAST, FIRST) | ADOPTED FATHER’S NAME (LAST, FIRST) |
| **Birth Family’s Information (Please Print)** |
| BIRTH MOTHER’S NAME (LAST, FIRST) (MAIDEN AND MARRIED) | DATE OF BIRTH | BIRTH FATHER’S NAME (LAST, FIRST) | DATE OF BIRTH |
| NAME(S) OF BIRTH SIBLING (LAST, FIRST) | DATE OF BIRTH | NAME(S) OF EXTENDED BIRTH FAMILY(LAST, FIRST) | DATE OF BIRTH |
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| PREVIOUS FOSTER PARENT’S NAME(S) (LAST, FIRST) | NAME(S) OF BIRTH FAMILY’S FRIENDS OR ACQUAINTANCES (LAST, FIRST) |
| CITIES WHERE BIRTH FAMILY LIVED | OTHER KNOWN INFORMATION (I.E., HEALTH, CRIMINAL HISTORY) |
| **Note: Requests for Adoption Archived records are not processed under the Public Records Act, but are processed exclusively under RCW 26.33 and other laws granting access.** |

