



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
TELEPHONE 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: <input type="checkbox"/> Legal documents <input type="checkbox"/> Medical documents <input type="checkbox"/> Social history <input type="checkbox"/> Case Notes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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.			