

DEPARTMENT of CHILDREN and FAMILIES

Making a Difference for Children, Families and Communities

ADULT ADOPTEE REQUEST FOR INFORMATION

Name of Requestor: _____
(Include maiden or other known last names-including birth name if known)

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Adoptive Parents: _____

I would like to request that the Department of Children and Families send me the non-identifying and medical information from my adoption file.

OR

I would like to request that the Department of Children and Families perform a search for birth family members to see if they would like to be in contact with me.

OR

I would like to request that the Department of Children and Families send information from my adoption file and perform a search for birth family members to see if they would like to be in contact with me.

If applicable:

I give permission for the Department of Children and Families to communicate with

_____, who is assisting me with this process.

(Name & relationship of Person)

Signature of Requestor: _____

Notary Public: _____

Date: _____

RETURN TO:
DCF - Adoption Search
505 Hudson Street, 10th Floor
Hartford, CT 06106

STATE OF CONNECTICUT
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