

DEPARTMENT of CHILDREN and FAMILIES

Making a Difference for Children, Families and Communities

REQUEST FOR ADOPTION SEARCH

Name of Requestor: _____

Birth Mother Birth Father Birth Relative (specify)

Address: _____

Phone Number: _____

Name of Child/Adoptee: _____

Date of Birth: _____

I would like to request that the Department of Children and Families perform a search for my biological child/relative, who is now 18 years of age or older, to determine if he or she would like to be in contact with me.

Signature of Requestor: _____

Notary Public: _____

Date: _____

NOTE: If a birth relative (e.g., grandparent, aunt, uncle, brother, sister) who has not been adopted or has had a termination of parental rights petition granted wants to conduct a search, a signed and notarized consent form from the birth parents must be obtained in order for this request to be processed.

**RETURN COMPLETED FORM TO:
Department of Children and Families
505 Hudson St, 10TH Floor
Hartford, CT 06106
ATTN: ADOPTION SEARCH UNIT**