

Application for Release of Juvenile Records

Proper identification must be provided when making request. If request is being made by mail, please include copy of identification for verification. Thank You

Name _____ DOB _____

Adoptive Parents Names _____

Approximate Date of Adoption (if known) _____

Birth Name (if known) _____

Birth Mothers Name (if known) _____

Birth Fathers Name (if known) _____

Reason for Request:

Date _____

Signature _____

Address _____

Phone Number _____

On this day the above application for release of Adoption records was presented for my approval. I therefore Grant / Deny the request for the release of the aforementioned information.

Date _____

District Judge _____