

LUTHERAN FAMILY SERVICES of COLORADO
Adoption Record Search Request

Date: _____

Information requested:

- | | |
|--|--|
| <input type="checkbox"/> All information available from record
<input type="checkbox"/> Search/reunion and adoption registry information and guidelines
<input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Medical information only
<input type="checkbox"/> Post-adoption contact by birth parent(s)/family members or adoptee |
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I request that Lutheran Family Services provide search services and written background information to me. I understand that:

- The disclosure of identifying information is subject to current legal restrictions as set forth in Colorado Revised Statutes §19-5-301 et seq.;
- Information provided is drawn from our records and is based on what is given at the time of pregnancy/birth/relinquishment/adoption or post-adoption;
- Current or updated information is usually not available but will be included if available and authorized by Colorado law;
- The agency cannot attest to the accuracy of the information;
- Information could be unexpected and/or distressful.

My signature below indicates that I understand the above and consent to the receipt of information based on these terms. I also attest that I am at least 18 years of age.

 Authorized Requestor's Signature Date

SUBSCRIBED AND SWORN TO ME BEFORE THIS _____ DAY OF _____, 200____.

 Notary Public
 My Commission expires on: _____

Please complete the following:

REQUESTOR FULL NAME:		DATE OF BIRTH:	
ADDRESS:			
HOME TELEPHONE NO:		WORK TELEPHONE NO:	
REQUESTOR'S RELATIONSHIP TO ADOPTEE:		ADOPTEE'S AGE:	
ADOPTEE'S ADDRESS:			
ADOPTEE'S TELEPHONE NO:			
Background information (complete as much as is known):			
ADOPTIVE PARENTS FULL NAMES:			
ADOPTEE'S FULL NAME:			
ADOPTEE'S BIRTHDATE:		ADOPTEE'S BIRTHPLACE:	
ADOPTEE'S NAME AT BIRTH:			
BIRTHMOTHER'S NAME AT RELINQUISHMENT:			
BIRTFATHER'S NAME AT RELINQUISHMENT:			