



You may request information about your own adoption or the adoption of a family member as listed below. If we have any information on file, we will provide it to you within 30 days. Any information on file will be mailed to the requestor. If no information is on file at the time of the request, a notice of that fact will be mailed. Requests remain active and if information is received in the future, information will then be mailed to the requestor. It is important to notify us of any change in your contact information. When you have completed the form, please forward it to: Pennsylvania Adoption Information Registry, P.O. Box 959, Camp Hill, PA 17001-0959.

I am one of the following:

- ☐ Adoptee who is at least 18.
☐ Adoptive parent of an adoptee who is under 18 or adjudicated incapacitated or deceased.
☐ Legal guardian of an adoptee who is under 18 or adjudicated incapacitated.
☐ Descendant of a deceased adoptee.
☐ Birth parent of an adoptee who is at least 21.
☐ Birth grandparent of an adoptee who is at least 21 (Birth parent must consent to the release of the information or be incapacitated or deceased.)
☐ Birth Parent Survivor*

Birth sibling if both adoptee and sibling are at least 21 (check one):

- ☐ Sibling remained in the custody of the birth parent who has given consent for release of this information or who is incapacitated or deceased.
☐ Sibling was adopted out of the same birth family as the adoptee for whom I am requesting information.
☐ Sibling was not adopted out of the same birth family and did not remain in the custody of the birth parent.

*Birth Parent Survivor includes the deceased birth parent's spouse, parent, sibling, child (birth, adoptive and stepchild), grandchild, aunt, uncle, children of aunts and uncles if no other relatives survive and children of grandchildren if no other relatives survive.

REQUESTOR'S CONTACT INFORMATION

NAME (Last, First, Middle)		DATE OF BIRTH (MM/DD/YYYY)	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE
I AM REQUESTING INFORMATION ABOUT:	<input type="checkbox"/> Adoptee <input type="checkbox"/> Birth Parent <input type="checkbox"/> Birth Sibling(s)		
I AM REQUESTING:	<input type="checkbox"/> Identifying Information <input type="checkbox"/> Non-Identifying Information <input type="checkbox"/> Both <input type="checkbox"/> Contact		
Identifying Information will include names and contact information. Non-Identifying Information will not include names and contact information but could include medical, social and educational information, etc.			

REQUEST FOR INFORMATION ABOUT THE PERSON LISTED BELOW

Please provide as much information about the person as you know.

CURRENT NAME (Last, First, Middle)		NAME RECORDED ON BIRTH CERTIFICATE (Last, First, Middle)	
DATE OF BIRTH (MM/DD/YYYY)		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PLACE OF BIRTH	COUNTY	CITY/MUNICIPALITY	STATE
BIRTH PARENT'S NAME (Last, First, Middle, Maiden)		DATE OF BIRTH (MM/DD/YYYY)	DATE OF BIRTH (MM/DD/YYYY)
ADOPTIVE PARENTS' NAMES (Last, First, Middle)		LEGAL GUARDIAN'S NAME (Last, First, Middle, Maiden)	
I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (section 4904 of the Pennsylvania Crimes Code). Further, I understand that it is my responsibility to notify the registry of any change in address.			
SIGNATURE		DATE	