

NON-IDENTIFYING ADOPTION INFORMATION REQUEST

The Adoptions Department of Family Court Services can provide limited non-identifying information to an adoptive parent, an adoptee or birth parent upon written, notarized request for the same (per RCW 26.33.340). **THIS INFORMATION IS ONLY PROVIDED TO ADOPTIVE PARENTS, ADOPTEES AND BIRTH PARENTS.** Please complete the following form and accompanying affidavit with as much information as possible to help us locate the adoption file. If the record is found, you will be provided with all non-identifying information contained within the file. If no record is found, you will be notified. **PLEASE ALLOW 4-5 WEEKS FOR A RESPONSE.**

ADOPTEES ONLY may choose to first request the adoption county location and cause number from the Washington State Department of Health to facilitate locating an adoption record. The request form is available at:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce/Forms>

Non-identifying information as defined by RCW 26.33.020 “includes, but is not limited to, the following information about the birth parents, adoptive parents, and adoptee:

- (a) Age in years at the time of adoption;
- (b) Heritage, including nationality, ethnic background, and race;
- (c) Education, including number of years of school completed at the time of adoption, but not name or location of school;
- (d) General physical appearance, including height, weight, color of hair, eyes, and skin, or other information of a similar nature;
- (e) Religion;
- (f) Occupation, but not specific titles or places of employment;
- (g) Talents, hobbies, and special interests;
- (h) Circumstances leading to the adoption;
- (i) Medical and genetic history of both parents;
- (j) First names;
- (k) Other children of birth parents by age, sex, and medical history;
- (l) Extended family of birth parents by age, sex, and medical history;
- (m) The fact of the death, and age and cause, if known;
- (n) Photographs;
- (o) Name of agency or individual that facilitated the adoption.”

There is a **minimum fee of \$60.00** for the search which will cover most requests. Requestors will be notified in advance if their request exceeds this amount. Please be advised that if no record is located, you will not be refunded the \$60.00 search fee.

Please make your in-state check or money order payable to O.F.M. (Office of Financial Management).

Mail your completed request and payment to:
King County Adoption Services
516 – 3rd Avenue, Room W-280
Seattle, WA 98104

If you have questions regarding this process, please contact the Adoption Paralegal at: SCAdoptionParalegal@kingcounty.gov or 206-477-1493.

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Name of Requestor _____ Phone _____

Address _____

PLEASE COMPLETE AS MUCH OF THE FOLLOWING INFORMATION AS POSSIBLE:

Superior Court File No. _____ Date of adoption _____

Name of adoptee before adoption _____

Name of adoptee after adoption _____

Circle one: Adoptee's birth date _____ Age when adopted _____
Boy or Girl

Birth Mother's name _____

Birth Father's name _____

Adoptive Father's name _____

Adoptive Mother's name _____

Signature _____

Relationship to Adoptee _____
(self – birth parent – adoptive parent)

NOTARIZATION REQUIRED

STATE OF WASHINGTON)
COUNTY OF KING) SS. GENERAL AFFIDAVIT
)

I, _____, being first duly sworn on oath, deposes and says: That I am the requestor who is requesting non-identifying information in the sealed adoption file. I am a member of the adoption triad (adoptee, birth parent, or adoptive parent) and am providing the court with a completed request for non-identifying information.

Subscribed and sworn to before me this _____ day of _____, of 2 _____.

Notary Public in and for the State of _____, residing at _____

Ph. Number: _____

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