STATE OF SOUTH DAKOTA IN CIRCUIT COURT

COUNTY OF _____ _____ JUDICIAL CIRCUIT

IN THE MATTER OF THE REQUEST OF _____ Petitioner	FILE NO.: _____ **PETITION FOR RELEASE OF CONFIDENTIAL ADOPTION RECORDS**

SECTION 1 (To be completed by the Petitioner)

Your Name: _____ Social Security Number _____

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

I am requesting a release of information from confidential adoption records maintained on the following person:

Name: _____ Date of Birth: _____

Place of Birth: _____ Adoptive Name: _____

Adoptive Parents: _____

My relationship to the person for whom I seek information is (check one): ☐ Self ☐ Adoptive Child

☐ Birth Parent ☐ Other Adoptive Relative ☐ Other Birth Relative ☐ Representative of Adoption Agency

☐ Other (explain): _____

I am requesting access to the following confidential information about the above-name person (check applicable boxes): ☐ Name and address of natural parent(s) ☐ Original Certificate

☐ County Court Records ☐ All Records ☐ Other (explain): _____

I request access to these records for the purpose of: _____

<u>Section 2</u> YOU MUST SIGN THIS PETITION IN THE PRESENCE OF A NOTARY OR CLERK OF COURT. READ THE FOLLOWING CAREFULLY BEFORE SIGNING.

STATE OF SOUTH DAKOTA

COUNTY OF _____

On this ____ day of _____, 20 _____, I swear under oath that the information I have provided in this petition is true and correct to the best of my knowledge, and that I believe I am entitled to access the confidential adoption records listed above. I understand that any information I give may be investigated before any release of confidential information is authorized.

Signed by Petitioner: _____

Signed and sworn to before me this day of _____, 20 _____.

(SEAL)

_____
Notary Public/Clerk of Court