

IN THE MATTER OF THE REQUEST OF

Petitioner

PETITION FOR RELEASE OF
CONFIDENTIAL ADOPTION RECORDS
ADP _____ - _____

SECTION 1 (To be completed by the Petitioner)

Your Name: _____ Social Security#: _____ - _____ - _____ Phone#: _____
Address: _____ 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(s) for whom I seek information is (check one): Self Adopted Child Adoptive Parent 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-named person (check applicable boxes)

Name and address of natural parent(s) Original Birth Certificate County Court records All Records
 Other(explain) _____ I request access to these records for the purpose of: _____

SECTION 2 (To be completed by DSS or other licensed adoption agency involved in the above matter, if any)

The South Dakota Department of Social Services hereby acknowledges that they have received notice in the above titled matter and waive notice of hearing: **Signed:** _____ **Title:** _____ **Date:** _____

The _____ **agency** hereby acknowledges that they have received notice in the above titled matter and waive notice of hearing: **Signed:** _____ **Title:** _____ **Date:** _____

SECTION 3 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