

FRANKLIN COUNTY, WASHINGTON

REQUEST FOR: NON-IDENTIFYING ADOPTION INFORMATION

Date Stamp

****PLEASE PRINT ****

Name of Requestor _____

Address _____ City _____ State _____ Zip _____

Requestor's Relationship To Adoptee _____ Ph # (_____) _____

(i.e., self, birth parent, adoptive parent)

RCW 26.33.340 Department, agency, and court files confidential - Limited disclosure of information.

Department, agency, and court files regarding an adoption shall be confidential except that reasonably available nonidentifying information may be disclosed upon the written request for the information from the adoptive parent, the adoptee, or the birth parent. Identifying information may also be disclosed through the procedure described in RCW 26.33.343.

There is a \$30.00 statutory (RCW 36.18.016(10)) special services fee. Following judicial review your request will be processed. Non-identifying information that is available may be disclosed. If no record is found you will be notified. Please mail completed request form and fee to:

**Franklin County Clerk
1016 N. 4th Avenue Room 306
Pasco, WA 99301**

TO ASSIST THE CLERK IN LOCATING THE ADOPTION RECORD, PLEASE PROVIDE AS MUCH OF THE FOLLOWING INFORMATION AS POSSIBLE: *PLEASE INDICATE IF UNKNOWN.

Was the adoption filed in Franklin County? _____

Superior Court Case No. _____ Date of Adoption _____

Name of Adoptee Before Adoption _____

Name of Adoptee After Adoption (if different than above) _____

Adoptee (circle one) MALE or FEMALE Adoptee's Birthdate _____ Age When Adopted _____

Birth Mother's Name (at time of birth) _____

Birth Father's Name _____

Adoptive Mother's Name _____

Adoptive Father's Name _____

REQUESTOR'S Signature _____

Signed and sworn before me on (date) _____

Notary Seal

Notary Public in and for the State of _____

OFFICE USE ONLY

OFFICE USE ONLY

RECORD SEARCH BY _____ RE-CHECK SEARCH BY (Supervisor) _____

RESPONSE _____

DATE _____