

## Adoption Search Application

**Use of form:** Completion of this application is required to request adoption information from the Adoption Records Search Program. **This form should only be used if the adoption was finalized in the state of Wisconsin.** Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** To request information about an adoption finalized in Wisconsin, complete and return the signed application with the \$40.00 application fee and the appropriate attachment(s) to the address listed on the last page of this form.

If you have any questions, contact the Adoption Records Search Program at (608) 422-6928 or [DCFAdoptionSearch@wisconsin.gov](mailto:DCFAdoptionSearch@wisconsin.gov). If you would prefer to complete the application and payment online, you may do so at [dcf.wisconsin.gov/adoption/search/application](http://dcf.wisconsin.gov/adoption/search/application).

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### APPLICANT INFORMATION

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Current Full Name (First, Middle, Last)

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Current Address (Street, City, State, ZIP Code)

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Daytime Phone Number

- Home  
 Cell  
 Work

Secondary Phone Number

- Home  
 Cell  
 Work
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Email Address

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Access to confidential adoption information is restricted to the following requesters age 18 or older. Check the box that applies:

- I am:  An adult adoptee (adopted in Wisconsin).  
**Complete Parts A and C.**
- A person whose birth parent(s) rights were terminated in Wisconsin but was never adopted.  
**Complete Parts A and C.**
- An adoptive parent of person adopted in Wisconsin.  
**Complete Parts B and C and attach proof of adoption.**
- A guardian or legal custodian of a person adopted in Wisconsin or whose birth parent(s) rights were terminated in Wisconsin.  
**Complete Parts B and C and attach proof of guardianship.**
- An offspring (child) of a person adopted in Wisconsin.  
**Complete Parts B and C and attach proof of relationship to the adopted person.**
- The parent, guardian, or legal custodian of the offspring of a deceased individual or adoptee, if the offspring is under 18 years of age.  
**Complete Parts B and C and attach proof of both your relationship to the offspring and the offspring's relationship to the adopted person.**
- An agency or social worker assigned to provide services to a person adopted in Wisconsin or whose birth parent(s) rights were terminated.  
**Complete Parts B and C.**

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**PART A. APPLICATION FOR OWN RECORDS**

Complete this part if you are 18 years or older and you were adopted in Wisconsin and/or your birth parents' parental rights were terminated in Wisconsin.

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**Information to Locate the Adoption Record**

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Full Birth Name of Adopted Person (First, Middle, Last) *(if known)*

Birthdate of Adopted Person (MM/DD/YYYY)

Birthplace of Adopted Person (City, State)

Full Name of Birth Mother (First, Middle, Last) *(if known)*

Full Name of Birth Father (First, Middle, Last) *(if known)*

Adoptive Full Name (First, Middle, Last) *(if adopted)*

Full Name of Adoptive Parent 1 at Time of Placement  
(First, Middle, Last)

Full Name of Adoptive Parent 2 at Time of Placement  
(First, Middle, Last)

Name of Adoption Agency *(if known)*

County of Adoption Finalization *(if known)*

Yes  No Was this a stepparent or relative adoption?

Yes  No Were you adopted more than once?

Yes  No Have you completed DNA testing or other relative search programs (e.g., Ancestry.com, 23andMe)?

Yes  No Are you in touch with any birth family members?

Yes  No Is either birth parent known to be deceased? If "Yes," which birth parent(s) is/are known to be deceased?

Birth mother

Birth mother year of death: \_\_\_\_\_

Birth father

Birth father year of death: \_\_\_\_\_

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**Information Requested**

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Check the box next to each type of information you are requesting.

- Copy of adoption record – This may include information concerning the circumstances of adoption and birth parent(s) family medical and social history information collected at the time of planning and placement.
- Updated family health history – A search for birth parent(s) will be conducted to obtain requested information.
- Information regarding eligibility for tribal enrollment – If eligible for enrollment, the Adoption Records Search Program will assist with the enrollment application process. A copy of the adoptee's Social Security card may be required for tribal enrollment.
- Current name(s) and address(es) of birth parent(s) – **Note that birth fathers can only be contacted if paternity was legally established.**
- Impounded/original birth certificate – **Only available to adoptees born in Wisconsin.**

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**PART A CONTINUES ON THE NEXT PAGE.**

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**Outreach Statement to Birth Parents**

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**Complete this section if you have requested identifying information.** Birth parent(s) often carefully consider your reasons for searching before they make a decision about your request. Use the space below to tell us what you would like to share with your birth parents. This statement will be provided to your birth parent(s). Identifying information about you and / or photos **cannot** be shared with your birth parent(s) at this time.

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**IF YOU COMPLETED PART A, SKIP PART B AND COMPLETE PART C.**

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**PART B. APPLICATION FOR ADOPTIVE PARENTS, GUARDIANS, LEGAL CUSTODIANS, AND OFFSPRING**

Complete this part if you are an adoptive parent, guardian, legal custodian, or adult offspring of a Wisconsin adoptee and you are requesting information on behalf of a Wisconsin adoptee.

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**Information to Locate the Adoption Record**

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Your Relationship to the Adopted Person

**Attach proof of this relationship.**

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Current Full Name of Adopted Person (First, Middle, Last)

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Full Birth Name of Adopted Person (First, Middle, Last) *(if known)*

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Birthdate of Adopted Person (MM/DD/YYYY)

Birthplace of Adopted Person (City, State)

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Full Name of Birth Mother (First, Middle, Last) *(if known)*Full Name of Birth Father (First, Middle, Last) *(if known)*

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Adoptive Full Name (First, Middle, Last) *(if adopted)*

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Full Name of Adoptive Parent 1 at Placement  
(First, Middle, Last)Full Name of Adoptive Parent 2 at Placement  
(First, Middle, Last)

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Name of Adoption Agency *(if known)*County of Adoption Finalization *(if known)*

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 Yes  No Was this a stepparent or relative adoption? Yes  No Was the adoptee adopted more than once? Yes  No Is the adoptee deceased? If "Yes," complete the following:Date of death: \_\_\_\_\_ City / State of death: \_\_\_\_\_

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 Yes  No Is either birth parent known to be deceased? If "Yes," which birth parent(s) is/are known to be deceased? Birth mother Birth mother year of death: \_\_\_\_\_ Birth father Birth father year of death: \_\_\_\_\_

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**Information Requested**

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Check the box next to each type of information you are requesting.

**All information which could be used to identify the birth parent(s) will be redacted.** Identifying information may be available to the offspring of an adoptee if the adoptee and birth parent(s) are found to be deceased.

 Copy of adoption record – This may include information concerning the circumstances of adoption and birth parent(s) family medical and social history information collected at the time of planning and placement. Updated family health history – A search for birth parent(s) will be conducted in order to obtain requested information. Information regarding eligibility for tribal enrollment – If eligible for enrollment, the Adoption Records Search Program will assist with the enrollment application process. A copy of the adoptee's Social Security card may be required for tribal enrollment. Impounded/original birth certificate – **Only available to the offspring of adoptees born in Wisconsin.**

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**CONTINUE TO THE NEXT PAGE TO COMPLETE PART C.**

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**PART C. CONFIRMATION OF APPLICANT IDENTITY**

**All applicants must complete this part.** Requests for confidential adoption information requires proof of identification. Complete and sign the below confirmation of identity and attach the appropriate document(s) with your application.

**All applicants** must submit a photocopy or scan of **ONE** of the below identifying items.

A copy of the following identifying document is attached (check **ONE**):

- State issued driver's license or ID card
- US government issued photo ID card
- US or foreign passport
- Tribal ID card
- Military ID card

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**Adoptive parents, guardians, and offspring** must also include documentation of their relationship to the adopted person whose records are being requested.

Check this box to indicate this documentation is attached.

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**All applicants** must include a nonrefundable application fee of \$40.00. Make the check or money order payable to the "Department of Children and Families." Cash cannot be accepted.

A \$40.00 payment in the following format is enclosed (check **ONE**):

- Check
- Money order

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Please read and confirm the following statements:

- I attest that all the information provided on this application is true and accurate to the best of my knowledge under the penalty of perjury.
- I attest that the attached document(s) and signature below are mine.

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**SIGNATURE** - Applicant

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Date Signed

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**Mail your application materials to:**

Adoption Records Search Program  
P.O. Box 8916  
Madison, WI 53708-8916

After receiving your submission, an Adoption Records Search Specialist will contact you to discuss your application and / or request any missing information or attachments.

**Please allow 4 to 6 weeks for processing of your records request.**

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