|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **Adoption Archive Request for Non-Identifying Information** | | | | | | |
| **Requestor’s Information (Please Print)** | | | | | | |
| REQUESTOR’S NAME (LAST, FIRST, MIDDLE) | | | RELATIONSHIP TO ADOPTED CHILD (SELF, SIBLING, ADOPTIVE PARENT OR BIRTH PARENT) | | | |
| MAILING ADDRESS CITY STATE ZIP CODE | | | | | | |
| TELELPHONE NUMBER (INCLUDE AREA CODE) | | | EMAIL ADDRESS | | | |
| REQUESTOR’S SIGNATURE DATE SIGNED | | | | | | |
| **Please include a copy of your State Photo Identification with your request form (your request cannot be processed without Photo ID).** | | | | | | |
| I request the following information:  Legal documents  Medical documents  Social history  Case Notes  Payments | | | | | | |
| **Adopted Child’s Information (Please Print)** | | | | | | |
| ADOPTED CHILD’S BIRTH NAME (LAST, FIRST) | | | ADOPTED CHILD’S CURRENT NAME (LAST, FIRST) | | | |
| ADOPTED CHILD’S DATE OF BIRTH | DATE OF ADOPTION | | COUNTY OF ADOPTION | | DSHS ADOPTION?  Yes  No | |
| ADOPTED MOTHER’S NAME (LAST, FIRST) | | | ADOPTED FATHER’S NAME (LAST, FIRST) | | | |
| **Birth Family’s Information (Please Print)** | | | | | | |
| BIRTH MOTHER’S NAME (LAST, FIRST) (MAIDEN AND MARRIED) | | DATE OF BIRTH | | BIRTH FATHER’S NAME (LAST, FIRST) | | DATE OF BIRTH |
| NAME(S) OF BIRTH SIBLING (LAST, FIRST) | | DATE OF BIRTH | | NAME(S) OF EXTENDED BIRTH FAMILY (LAST, FIRST) | | DATE OF BIRTH |
|  | |  | |  | |  |
|  | |  | |  | |  |
|  | |  | |  | |  |
|  | |  | |  | |  |
|  | |  | |  | |  |
| PREVIOUS FOSTER PARENT’S NAME(S) (LAST, FIRST) | | | | NAME(S) OF BIRTH FAMILY’S FRIENDS OR ACQUAINTANCES (LAST, FIRST) | | |
| CITIES WHERE BIRTH FAMILY LIVED | | | | OTHER KNOWN INFORMATION (I.E., HEALTH, CRIMINAL HISTORY) | | |
| **Note: Requests for Adoption Archived records are not processed under the Public Records Act, but are processed exclusively under RCW 26.33 and other laws granting access.** | | | | | | |

