



Adoption Redaction Request

NAME OF CHILD	NAME OF CA WORKER	DATE
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This Section to be Completed by Adoptive Parents (Please fill in the information that you know.)

Birth Mother		Birth Father	
NAME (LAST, FIRST)		NAME (LAST, FIRST)	
ADDRESS		ADDRESS	
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE
TELEPHONE NUMBER	DATE OF BIRTH		TELEPHONE NUMBER DATE OF BIRTH
CRIMINAL HISTORY		CRIMINAL HISTORY	

CITIES WHERE FAMILY HAS LIVED

PREVIOUS FOSTER PARENT'S NAMES

SIBLING'S NAMES

SIBLING'S DATES OF BIRTH

EXTENDED FAMILY NAMES (INCLUDING PARAMOURS)

EXTENDED FAMILY DATES OF BIRTH

EXTENDED FAMILY TELEPHONE NUMBERS

EXTENDED FAMILY ADDRESS(ES)

CITY

STATE

ZIP CODE

OTHER KNOWN IDENTIFYING INFORMATION

FAMILY FRIENDS OR ACQUAINTANCES' NAMES (FIRST, LAST)

Court Report received on _____ (date(s)) and I am aware of the information contained in the report(s) listed.

I acknowledge that I already know the above information

ADOPTIVE PARENT SIGNATURE

DATE

ADOPTIVE PARENT SIGNATURE

DATE

This Section to be Completed by Case Worker (Please complete after the Adoptive Parent.)

NAME OF ADOPTIVE PARENTS

NAME OF BIOLOGICAL MOTHER

NAME OF BIOLOGICAL FATHER

NAMES OF ALL POTENTIAL FATHERS

NAMES OF ALL SUBLINGS AND DATES OF BIRTH

NAMES OF ALL RELATIVES