FORM TO RELEASE SEALED ADOPTION RECORDS

Proper identification must be provided when making request. If request is being made by mail, please include copy of identification for verification. Thank you.

Name: _____ DOB: _____

Adoptive Parent(s)' Names: _____

Date of Adoption: _____

Birth Name (if known): _____

Birth Mother's Name (if known): _____

Birth Father's Name (if known): _____

Reason for Request: _____

_____

_____

_____

_____

_____

Name:_____

Date: _____ Signature: _____

Address: _____

_____

_____

Phone: _____

GRANTED / DENY- RECORD SEARCH ONLY of the Name to see if records are in Bosque County.

GRANT / DENY -COPIES of adoption record for the above application.

Date: _____ District Judge: _____

CCL Judge: _____