REQUEST BY ADULT ADOPTEE FOR IDENTIFYING INFORMATION

State of Michigan
Department of Human Services

I hereby request, from my adoption records, my name before placement in adoption, the names of my biological parents, including their current names, if available, most recent address or addresses of biological parents, and names of biological siblings at the time of termination.

CURRENT INFORMATION

Current Name (Last, First, Middle)	Birth Date Month Day Year
Current Address (Street Number and Name)	Apartment Number
City State Zip Code	Telephone Number A/C ( )

ADOPTION INFORMATION

Adoptive Name (Last, First, Middle)	Name Before Adoption (If Known)
Adoptive Mother's Name	Adoptive Father's Name
Birth Mother's Name	Birth Father's Name
Name of Probate Court	Name of Placing Agency

☐ Also, please send me non-identifying information from my file.

Additional Comments

DISTRIBUTION: Original - Adoption Agency or Court that Finalized the Adoption Copy - Keep for Your Records	Adult Adoptee's Signature Date
AUTHORITY: MCLA 710.68. COMPLETION: Voluntary. PENALTY: None.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.