AFFIDAVIT

Use of form: Completion of this form is necessary to authorize the department to provide an adopted person with information about a birth parent's identity and location. A person adopted in Wisconsin can request this information at age 18 or older. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Return the original signed and notarized affidavit to the Adoption Records Search Program. Contact information can be updated at any time by calling (608) 266-7163. An affidavit can be revoked by notifying the Adoption Record Search Program in writing.

NOTE: A separate affidavit must be used for each birth parent and child.

Child's Name at Birth (Last, First, Middle) Birth date (mm/dd/yyyy) Gender Section II Parent Relationship to above named child: Birth mother Birth father Legally named father Name (Current – Last, First, Middle) Print or Type Name (Maiden Last) – If applicable Address (Current – Street, City, State, Zip Code)	Section I Child					
Section II Parent	Child's Name at Birth (Last, First, Middle)			Birthdate (mm/dd/yyyy)		
Relationship to above named child: Birth mother Birth father Name (Maiden Last) – If applicable Name (Current - Last, First, Middle) Print or Type Name (Maiden Last) – If applicable Address (Current - Street, City, State, Zip Code) Address (Alternate - Street, City, State, Zip Code) Telephone Number - Home Telephone Number - Work Cell Phone Number Email Address Contact Preference: Mail Do not want any contact. I am filing this affidavit to allow the other birth parent to have contact with the adoptee. Section III Birth Facts (Completion Optional) May parental rights to the above named child were terminated in the State of Wisconsin, County Circuit Court on (Date (mm/dd/yyyy)) . (County Name) Name - Adoption Agency Birth date Name - Father (At child's birth) Birthdate Istate County City Hospital Name - Mother (At child's birth) Birthdate Name - Father (At child's birth) Birthdate I authorize the Department of Children and Families to provide the above named child with my identity as specified in Section 48.433(2), Wisconsin Statutes. SiGNATURE - Birth Parent (fracknowledging Officer has seal / stamp it must be used here.) Subscribed and sworn to before me this day of (mm/yyyy) .					Female Male	
Name (Current – Last, First, Middle) Print or Type Name (Maiden Last) – If applicable Address (Current – Street, City, State, Zip Code) Address (Alternate – Street, City, State, Zip Code) Telephone Number – Home Telephone Number – Work Cell Phone Number Email Address Contact Preference:						
Address (Current – Street, City, State, Zip Code) Address (Alternate – Street, City, State, Zip Code) Telephone Number – Home Telephone Number – Work Cell Phone Number Email Address Contact Preference:						
Address Cell Phone Number – Home Telephone Number – Work Cell Phone Number Email Address Contact Preference:	Name (Current – Last, First, Middle) Print or Type Name (Maiden Last) – If applicable				blicable	
Telephone Number - Home Telephone Number - Work Cell Phone Number Email Address	Address (Current – Street, City, State, Zip Code)					
Email Address Contact Preference: Telephone at: B: Do not want any contact. I am filing this affidavit to allow the other birth parent to have contact with the adoptee. Section III Birth Facts (Completion Optional) (County Circuit Court on	Address (Alternate – Street, City, State, Zip Code)					
Contact Preference:	Telephone Number – Home	Telephone Number	– Work	Cell Phone Number		
Image: Image	Email Address					
My parental rights to the above named child were terminated in the State of Wisconsin,	Telephone at:					
My parental rights to the above named child were terminated in the State of Wisconsin,	Section III Birth Facts (Completion Optional)					
Birth took place in:	County Circuit Court on (County Name)					
State County City Hospital Name – Mother (At child's birth) Birthdate Name – Father (At child's birth) Birthdate Yes No Were the parents married at time of child's birth? Section IV Signature / Notarization I authorize the Department of Children and Families to provide the above named child with my identity as specified in Section 48.433(2), Wisconsin Statutes. SIGNATURE – Birth Parent If acknowledging Officer has seal / stamp it must be used here.) Subscribed and sworn to before me this day of	Name – Adoption Agency					
Name – Mother (At child's birth) Birthdate Name – Father (At child's birth) Birthdate Yes No Were the parents married at time of child's birth? Section IV Signature / Notarization I authorize the Department of Children and Families to provide the above named child with my identity as specified in Section 48.433(2), Wisconsin Statutes. SIGNATURE – Birth Parent (If acknowledging Officer has seal / stamp it must be used here.) Subscribed and sworn to before me this day of		ntv	Citv	Hos	pital	
Section IV Signature / Notarization I authorize the Department of Children and Families to provide the above named child with my identity as specified in Section 48.433(2), Wisconsin Statutes. SIGNATURE – Birth Parent (If acknowledging Officer has seal / stamp it must be used here.) Subscribed and sworn to before me this day of SIGNATURE – Notary Public		-	,			
I authorize the Department of Children and Families to provide the above named child with my identity as specified in Section 48.433(2), Wisconsin Statutes. SIGNATURE – Birth Parent (If acknowledging Officer has seal / stamp it must be used here.) Subscribed and sworn to before me this day of SIGNATURE – Notary Public						
Wisconsin Statutes. SIGNATURE – Birth Parent (If acknowledging Officer has seal / stamp it must be used here.) Subscribed and sworn to before me this day of SIGNATURE – Notary Public	Section IV Signature / Notarization					
(If acknowledging Officer has seal / stamp it must be used here.) Subscribed and sworn to before me this day of SIGNATURE – Notary Public SIGNATURE – Notary Public						
it must be used here.) (mm/yyyy) SIGNATURE – Notary Public	SIGNATURE – Birth Parent					
	(If acknowledging Officer has seal / stamp it must be used here.)	Subscribed and	d sworn to before me	this day of	 (mm/yyyy)	
			SIGNATURE – Notary Public			
		My commission expires:				