

**COURT OF COMMON PLEAS OF CHESTER COUNTY
ORPHANS' COURT DIVISION**

ADOPTION SEARCH REQUEST FORM

PHOTO ID REQUIRED: The individual requesting the search must include a **legible copy** of his/her **Valid Government issued Photo Id** that verifies the name and mailing address as listed below.
The request will NOT be processed without a photo ID.

Please provide as much of the following information as possible. The Court will notify you if this adoption DID or DID NOT occur in Chester County. If the adoption DID occur in Chester County, the Court will inform you of the next step required to obtain non-identifying or identifying information.

PRINT or TYPE: All information must be legible.

Name of Person making Request: _____

Current Address: _____

Daytime Phone No.: _____

Your Relationship to Adoptee: _____

Name of Adopting Mother: _____

Name of Adopting Father: _____

Adoptee's Date of Birth: _____ Adoptee's Place of Birth: _____

Name(s) of Birth Parent(s): _____

Date of Adoption: _____

Birth Name of Adoptee: _____

Any other information that will assist in this search:

By my signature below, I state I am the person whom I represent myself to be herein, and I affirm the information within this form is complete and accurate to the best of my knowledge and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa. C.S. §4120 or other sections of the Pennsylvania Crimes Code.

Signature

of person making request

Return to: Clerk of the Orphans' Court
Chester County Justice Center
201 W. Market Street, Suite 2200
West Chester, PA 19380-0989