

COURT OF COMMON PLEAS OF CHESTER COUNTY
ORPHANS' COURT DIVISION

REQUEST FOR AN ADOPTION FILE SEARCH

PHOTO ID REQUIRED: The individual requesting the search must send a legible copy of his/her **Valid Government issued Photo ID** with this form. (Ex. State issued driver's license or non- driver photo ID or Passport)

You will be notified whether a Chester County adoption file exists and the next procedures available.

PRINT or TYPE: All information must be legible.

Person making request: _____

Current address: _____

Daytime phone no.: _____

Email address: _____

Are you (*circle one applicable*): · Adoptee · Adopting parent · Birth parent ·

· Parent of Birth parent · Birth sibling · Court appointed guardian of Adoptee ·

· Lineal descendant of a deceased Adoptee (*child or their children by blood or adoption*) · NONE of THESE¹ ·

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: _____

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.

Date: _____ (signature)

Return to: Clerk of the Orphans' Court
Chester County Justice Center
201 W. Market Street, Suite 2200
P.O. Box 2746
West Chester, PA 19380-0989

¹ If you chose this option you are not entitled pursuant to statute (20 Pa.C.S. 2931) or Pa.R.O.C.P. 15.22 to this information.