



REQUEST FOR ACCESS TO BIRTH INFORMATION

(For adopted persons when relinquished or consent for an adoption is given on or **after September 01, 1988**)

Section 43-146.04, Revised Statutes, as amended: an adopted person twenty-one years of age or older born in this state who desires access to the names of relatives or access to his or her original certificate of birth shall file a written request for such information with the Department of Health and Human Services Finance and Support. The department shall provide a form for making such a request.

Please list all known information so a complete file search can be made to furnish the requested information. Where information is not known, enter UNKNOWN.

PLEASE PRINT OR TYPE	ORIGINAL RECORD	ADOPTIVE RECORD
1. Full name of child	_____	_____
2. Full name of father	_____	_____
3. Full maiden name of mother	_____	_____
4. Date of birth	_____	_____
5. Place of birth	_____	_____
6. Sex	_____	_____

Please indicate which records or information you are requesting:

- Original record of birth, if there is no nonconsent form(s) on file.
- Name(s) and address(es) of biological sibling(s) as filed on consent form(s).
- A copy of the medical history and any medical records on file.

PLEASE REMIT \$17.00 WITH THE COMPLETED REQUEST FORM. [PLEASE ENCLOSE A PHOTOCOPY OF APPLICANT'S PHOTO IDENTIFICATION WHEN SUBMITTING THIS FORM.]

I understand that the name and address of the court which issued the adoption decree, the name of the child placement agency, if any, involved in the adoption, the original birth certificate and medical history, if any, can be released to me by the Vital Records Management *only* if no nonconsent forms have been filed, or by court order. If a nonconsent form is on file, *only* the medical history, if any, may be released.

Signature _____

Typed or printed name _____

Street Address or Route Number _____

City _____ State _____ Zip Code _____

FOR OFFICE USE ONLY	
Date Received	_____
Amount Received	_____
By Whom Received	_____
Original Certificate #	_____
Adoptive Certificate #	_____

Vital Records
1033 "O" Street, Suite 130
P. O. Box 95065
Lincoln, NE 68509-5065
Questions, call: 402-471-0918