



REQUEST FOR ACCESS TO BIRTH INFORMATION

(For adopted persons when relinquished or consent for an adoption is given prior to September 01, 1988)

Section 43-130 Adopted person; request for information; form. Except as otherwise provided in the Nebraska Indian Child Welfare Act, an adopted person twenty-five 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. 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 (name before adoption)	ADOPTIVE RECORD (name after adoption)
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 consent form(s) on file.
- Name(s) and address(es) of biological parent(s) as filed on consent form(s).
- Name(s) and address(es) of biological sibling(s) as filed on consent form(s).

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 information can be released to me by the Vital Records Management only if consent forms have been filed and not revoked, if nonconsent forms are not on file or they have been revoked, or by court order. If filed forms permit, I wish to be furnished the name and address of the court which issued the adoption decree and the name of the child placement agency, if any, involved in the adoption.

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 # _____

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