

Department of Health & Humans Services 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 | t | Adoptive Record |
| Full Name of Child | | | |
| Full Name of Father | | | |
| Full Maiden Name of Mother | | | |
| Date of Birth | | | |
| Place of Birth | | | |
| 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 |
| | | | |
| | E USE ONLY | Vital Dag | |
| If you have questions, please call: (402) 471-0918. | | Vital Records P.O. Box 95065 Lincoln, NE 68509-5065 Questions, call: 402-471-8248 | |
| Date Received | | | |
| Amount Received | | | |
| By Whom | | | |
| Original Certificate Number | | | |
| Adoptive Certificate Number | | | |