



SEARCH/DISCLOSURE REQUEST
 DEPARTMENT OF HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES - ADOPTIONS
 SFN 940 (3-2006)

Date
Please Indicate Your Status:

INSTRUCTIONS: Indicate your status in the box to the right. Additionally if you are an:
Adopted Adult/Child of Adoptee - complete the sections 1, 2a, 3, & 4a or 4b
Birth Parent/Birth Sibling - complete sections 1, 2b, 3 & 4a or 4b
Adoptive Parent - 1 (in the name of the adopted child), 2a, 3 & 4a or 4b
Sign Section 5 in the presence of a Notary Public.

1. Name (Last, Maiden, Adopted, First, Middle)	E-mail Address	Social Security Number
Address		Telephone Number
City	State	Zip Code
		Your Birth Date

2a. TO BE USED BY ADOPTED ADULT/CHILD OF ADOPTEE ONLY 2b. FOR USE BY BIRTH PARENT OR BIRTH SIBLING ONLY

Adoptive Mother and Father (Use Mother's Given Name)	Birth Date of Child Placed for Adoption	Sex of Child Placed for Adoption
Adoptee's Name at the Time of Their Adoption	Birth Parent Name (Use Only for Sibling Search)	
Address of Adoptive Parents at Time of Placement	Address of Birth Parent at Time of Placement	
City	State	Zip Code
	City	State
		Zip Code

3. Specify Information Requested (check all that apply)

4a. Name of North Dakota Licensed Child Placing Agency that Processed the Adoption

4b. If Adoptive Placement was Accomplished Without Agency Involvement Indicate the North Dakota Licensed Child-Placing Agency You Select to do the Search:	4c. Information for Minor Child Only Agency who Processed the Adoption
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IN AN **IDENTIFIED SEARCH**, I UNDERSTAND THAT THE CHILD-PLACING AGENCY HAS A PERIOD OF 90 DAYS TO MAKE A COMPLETE AND REASONABLE EFFORT TO LOCATE AND TO NOTIFY MY BIRTH PARENTS/SIBLING/AADOPTED ADULT OF THIS REQUEST.

5.	Signature of Parent(s) if Adoptee is a Minor
(SEAL)	State
	Signature of Adopted Adult/Birth Parent/Birth Sibling/Child of Adoptee
	County
	Date

This affidavit was signed before me on this ____ day of _____

(Signature)

(STAMP) My Commission Expires _____