Clear Fields

SEARCH/DISCLOSURE REQUEST

DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES - ADOPTIONS
SFN 940 (3-2006)

Date

Please Indicate Your Status:

- ☐ Adopted Adult
- ☐ Adoptive Parent
- ☐ Birth Parent
- ☐ Birth Sibling
- ☐ Adult Child of Deceased Adopted Individual
- ☐ I am providing information for minor child

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 ☐ Male ☐ Female	
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)

☐ Identifying Search ☐ Non-identifying Search ☐ Tribal Enrollment ☐ Medical Information Only

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:

- ☐ Catholic Charities ND
- ☐ Christian Family Life Services
- ☐ Lutheran Social Services
- ☐ The Village Family Service Center

4c. Information for Minor Child Only
Agency who Processed the Adoption

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/ADOPTED ADULT OF THIS REQUEST.

5.

(SEAL)

State

County

Signature of Parent(s) if Adoptee is a Minor

Signature of Adopted Adult/Birth Parent/Birth Sibling/Child of Adoptee

Date

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

_____
(Signature)

(STAMP)

My Commission Expires _____

DISTRIBUTION: **Original** - ND Department of Human Services **Copies** - Child Placing Agency and Applicant