



SEARCH / DISCLOSURE NOTICE OF RIGHTS
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES - ADOPTIONS
 SFN 942 (3-2006)

I certify that a personal and confidential contact was made with me by a child-placing agency and that I received the following information:

(Read Carefully)

Print Name Adopted Adult/ Birth Parent / Sibling	Date of Birth
Signature of Adopted Adult/ Birth Parent / Sibling	Date

FOR DEPARTMENT OF HUMAN SERVICES AND CHILD PLACING AGENCY USE
 Complete upon submission to North Dakota Department of Human Services

Name of Adult Adoptee (including maiden name)

DISTRIBUTION: Original to the adopted adult, birth parent, sibling
 Copies to child-placing agency and North Dakota Department of Human Services