

Connecticut Department of Children and Families
ADULT ADOPTEE REQUEST FOR INFORMATION

DCF-3060
 12/18 (New)



LAST Name of Requestor:		FIRST Name of Requestor:		DOB:	
Birth Name (if applicable):		Maiden Name (if applicable):		AKA (if applicable):	
E-mail:				Phone #:	
Address (No. and Street):			City:		State:
					Zip:
Name of Adoptive Parents:			Comments:		
<input type="checkbox"/> I would like to request that the DCF send me the non-identifying and medical information from my adoption file.					
<input type="checkbox"/> I would like to request that the DCF perform a search for birth family members to see if they would like to be in contact with me.					
<input type="checkbox"/> I would like to request that the DCF send information from my adoption file and perform a search for birth family members to see if they would like to be in contact with me.					
<input type="checkbox"/> I would like to be placed on the reunion registry, should an approved applicant wish to search for me.					
(If applicable): I give permission for the Department of Children and Families to communicate with Name of Person: _____ Relationship: _____ <p style="text-align: right;">who is assisting me with this process.</p>					
Signature of Requestor:				Date:	
Subscribed and Sworn To Before Me This _____ Day of _____			Name of Notary Public:		
			Signature of Notary Public:		
RETURN TO: DCF - Adoption Search 505 Hudson Street, 10th Floor Hartford, CT 06106			Area for Notary Seal:		