

<i>I declare under penalty of perjury under the laws of the State of Connecticut that the following is true and correct.</i>				
LAST Name of Requestor:		FIRST Name of Requestor:		DOB:
<input type="checkbox"/> Birth Mother	<input type="checkbox"/> Birth Father	<input type="checkbox"/> Birth Relative, Please specify:		
NOTE: If a birth relative who has not been adopted or has had a termination of parental rights petition granted wants to conduct a search, a signed and notarized consent form from the birth parents must be obtained in order for this request to be processed.				
Address (No. and Street):		City:	State:	Zip:
E-mail:				Phone #:
List the Name of the Child at the Time of Birth				
LAST Name:	FIRST Name:	DOB:	Gender:	
<input type="checkbox"/> Place my name on the registry, should someone wish to contact me.				
<input type="checkbox"/> I would like to request that the Department of Children and Families perform a search for my biological child/relative, who is now 18 years of age or older, to determine if he or she would like to be in contact with me.				
Signature of Requestor:				Date:
Subscribed and Sworn To Before Me This Day of		Name of Notary Public:		
		Signature of Notary Public:		
RETURN COMPLETED FORM TO: DCF - Adoption Search 505 Hudson Street, 10th Floor Hartford, CT 06106		Area for Notary Seal:		