

DEPARTMENT OF CHILDREN AND FAMILIES

Division of Safety and Permanence
DCF-F (CFS-0142) (R. 01/2009)

STATE OF WISCONSIN

Adoption Records Search Program
P.O. Box 8916
Madison, WI 53708-8916
(608) 266-7163

AFFIDAVIT

Use of form: Completion of this form is necessary to authorize the department to provide an adopted person with information about a birth parent's identity and location. A person adopted in Wisconsin can request this information at age 18 or older. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Return the original signed and notarized affidavit to the Adoption Records Search Program. Contact information can be updated at any time by calling (608) 266-7163. An affidavit can be revoked by notifying the Adoption Record Search Program in writing.

NOTE: A separate affidavit must be used for each birth parent and child.

Section I Child		
Child's Name at Birth (Last, First, Middle)	Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male

Section II Parent		
Relationship to above named child: <input type="checkbox"/> Birth mother <input type="checkbox"/> Birth father <input type="checkbox"/> Legally named father		
Name (Current – Last, First, Middle) Print or Type	Name (Maiden Last) – If applicable	
Address (Current – Street, City, State, Zip Code)		
Address (Alternate – Street, City, State, Zip Code)		
Telephone Number – Home	Telephone Number – Work	Cell Phone Number
Email Address		

Contact Preference:

Telephone at: _____ Mail

E-mail _____ Any

Do not want any contact. I am filing this affidavit to allow the other birth parent to have contact with the adoptee.

Section III Birth Facts (Completion Optional)	
<input type="checkbox"/> My parental rights to the above named child were terminated in the State of Wisconsin, _____ (County Name) County Circuit Court on _____ (Date (mm/dd/yyyy))	

Name – Adoption Agency _____

Birth took place in: _____ State _____ County _____ City _____ Hospital _____

Name – Mother (At child's birth)	Birthdate	Name – Father (At child's birth)	Birthdate
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Yes No Were the parents married at time of child's birth?

Section IV Signature / Notarization

I authorize the Department of Children and Families to provide the above named child with my identity as specified in Section 48.433(2), Wisconsin Statutes.

SIGNATURE – Birth Parent

(If acknowledging Officer has seal / stamp it must be used here.)

Subscribed and sworn to before me this _____ day of _____ (mm/yyyy)

SIGNATURE – Notary Public

My commission expires: _____