DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence

STATE OF WISCONSIN
Adoption Records Search Program
P.O. Box 8916
Madison, WI 53708-8916
(608) 422-6928

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) 422-6928. 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 ☐ Female ☐ Male

Section II Parent

Relationship to above named child: ☐ Birth mother ☐ Birth father ☐ 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)

☐ 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

☐ 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: _____