

COURT OF COMMON PLEAS OF LACKAWANNA COUNTY
ORPHANS' COURT DIVISION

IN RE: ADOPTION No.: _____, _____

PETITION FOR RELEASE OF IDENTIFYING INFORMATION

Petition under Section 2905 (b) of the Adoption Act:

1. Name of Petitioner: _____
2. Address: _____
(Street name & number, city & state w/ zip code)
3. Phone number: (H) _____ (W) _____

ADOPTEE INFORMATION

4. Name of Adoptee: _____
5. Address of Adoptee: _____
(Street name & number, city, state w/ zip code)
6. Phone number: (H) _____ (W) _____
7. Date of Birth of Adoptee: _____
8. Relationship of Petitioner to Adoptee: _____
9. Reasons for desiring to contact birth parent(s): _____

I, _____, understand that I am requesting the release to me of identifying information relating to the above adoption. I understand that identifying information may be released to me only with the consent of the living birth parent(s) and that if a birth parent is deceased, identifying information may be released regarding the deceased parent. **NO** information may be released regarding a living birth parent who **does not consent I understand that records vary a great deal and some records may contain more extensive information than others.** I understand that the reasons why my desire to contact the birth parent(s) will be disclosed to them if contacted. I understand that the Court may refuse to contact the birth parent(s) if it believes that, under the circumstances, there would be a substantial risk that persons other than the birth parent(s) would learn of the adoptee's existence and relationship to the birth parent(s). I understand that the Courts will appoint someone to make a reasonable effort to contact the birth parent(s), if possible, as its designated agent.

WHEREFORE, the petition prays your Honorable Court for the release of identifying information.

_____, 20_____
(Petitioner) (Date)

I hereby authorize the release of the following identifying information upon the request of my birth parent(s).

NAME: _____

ADDRESS: _____
(Street name & number, city, state w/ zip code)

PHONE NO.: _____ WORK: _____

DATE: _____, 20_____

(Signature)

VERIFICATION

I, _____, verify that I am the Petitioner named in the foregoing Petition and that the facts set forth herein are true and correct, to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA. C.S.A. Section 4940 relating to unsworn falsification to authorities.

(Petitioner)