

The Children's Home Society of Idaho
740 Warm Springs Avenue, Boise, ID 83712
208-343-7813

REQUEST FOR NON-IDENTIFYING INFORMATION

I hereby request that the Children's Home Society of Idaho provide me with non-identifying genetic, health, and social history of relevant persons.

Signature: _____ Date: _____

Please complete the following questions. If an answer is not know, indicate "unknown."

Name of person requesting information: _____

Address: _____

City/State/Zip: _____ Phone: () _____

Person requesting this information is (CHECK ONE):

- | | |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Adoptee | <input type="checkbox"/> Spouse of Deceased Adoptee
and parent to adoptee's child |
| <input type="checkbox"/> Adoptive Parent | |
| <input type="checkbox"/> Birth Parent | <input type="checkbox"/> Guardian of a child of a
deceased adoptee |
| <input type="checkbox"/> Child/Descendant of Adoptee
(18 or older) | |

Information about adopted person:

Birth name: _____ Birthdate: _____

Adoptive Parent's Names: _____

Adoptive Name: _____

Current Name: _____

Information about birth parents of adoptee:

Birth mother's name: _____ Maiden Name: _____

Birth father's name: _____

Notary Request

This information is to be notarized by a notary public to verify the identity of the above named person.

State Of _____ County Of _____

On this _____ day of _____, 2003, before me, a notary public in and for the said State, personally appeared _____

known to me to be the person whose name is subscribed above.

Notary Public

Residing at: _____

My commission expires: ___/___/___

(SEAL)

Applicants Please Note:

A fee of \$65.00, payable by check or money order to the Children's Home Society must be included with this request. This fee helps cover the agency's costs to research and review the file, prepare the information, and return it to the requestor.

Also, please include a copy of your birth certificate.