

Section 43-146.04, Revised Statutes, as amended: an adopted person twenty-one years of age or older born in this state who desires access to the names of relatives or access to his or her original certificate of birth shall file a written request for such information with the Department of Health and Human Services Finance and Support. The department shall provide a form for making such a request.

Please list all known information so a complete file search can be made to furnish the requested information. Where information is not known, enter UNKNOWN.

Please Print or Type	Original Record - Name Before Adoption	Adoptive Record - Name After Adoption
Full Name of Child		
Full Name of Father		
Full Maiden Name of Mother		

Date of Birth

Place of Birth

Sex

Please indicate which records or information you are requesting:

- Original record of birth, if consent form(s) on file.
 Name(s) and address(es) of biological parent(s) as filed on consent form(s).
 Name(s) and address(es) of biological sibling(s) as filed on consent form(s).

PLEASE REMIT \$17.00 WITH THE COMPLETED REQUEST FORM.

[Please enclose a photocopy of applicant's photo identification when submitting this form.]

I understand that information can be released to me by the Vital Records Management only if consent forms have been filed and not revoked, if nonconsent forms are not on file or they have been revoked, or by court order. If filed forms permit, I wish to be furnished the name and address of the court which issued the adoption decree and the name of the child placement agency, if any, involved in the adoption.

Signature

Typed or Printed Name

Street Address or Route Number

City

State

Zip Code

FOR OFFICE USE ONLY

If you have questions, please call: (402) 471-0918.

Date Received

Amount Received

By Whom

Original Certificate Number

Vital Records
P.O. Box 95065
Lincoln, NE 68509-5065

Questions, call: 402-471-8248