



Records Retrieval Request

Birth Parent _____ Adoptive Parent _____ Adoptee _____

First Name _____ Middle Name _____ Last Name _____ Suffix _____

Other Names Used _____

Birth Date _____ Age _____ Social Security Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

Telephone (including Area Code) _____ Email Address _____

Birth City _____ Birth County _____ Birth State _____

Adoptive Mother's Name _____ Date of Birth (if known) _____

Adoptive Father's Name _____ Date of Birth (if known) _____

Birth Mother's Name (if known) _____ Date of Adoption (or approximate year) _____

Please state your request in detail: Use separate sheet if needed

I certify that the information contained on this form is true and correct to the best of my knowledge.



Signature _____

Date _____

SUBSCRIBED and Sworn to before me the undersigned Notary Public, (who states that he or she was authorized to administer oaths on the ____ day of _____, _____.

[SEAL OR STAMP]

My Commission expires:

Notary Public, in and for the

County of _____

State of _____

****Please attach a copy of a State Issued ID**

Return request and appropriate fee to:

The Adoption Alliance
7303 Blanco Road
San Antonio, Texas 78216
(210) 349-3991
E-Mail: info@adoptionalliance.com