



Records Retrieval Request

Must attach \$75 fee and a copy of a State Issued photo ID

Birth Parent _____

Adoptive Parent _____

Adoptee _____

Name (First, Middle, and Last) _____

Other Names Used _____

Date of Birth _____ Age _____

Social Security Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone # _____

Email Address _____

Birth City _____ Birth State _____

Adoptive Mother's Name _____

Date of Birth _____

Adoptive Father's Name _____

Date of Birth _____

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 _____

STATE OF)(

COUNTY OF)(

SUBSCRIBED and SWORN TO before me by the said Affiant in the presence of the foregoing witnesses on this day, to certify which, WITNESS my hand and seal of office this the _____ day of _____, 20_____.

[SEAL OR STAMP]

Notary Public

My Commission expires: _____

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

Return request and appropriate fee to:

Adoption Alliance

202 W. Sunset Rd, Suite 104

San Antonio, TX 78209

(210) 349-3991

E-Mail: info@adoptionalliance.com