

SKAGIT COUNTY, WASHINGTON
REQUEST FOR NON-IDENTIFYING ADOPTION INFORMATION

Name of Requestor (Please Print) _____ Phone (____) _____

Address _____ City _____ State _____

Requestor's relationship to Adoptee (self, birth parent, adoptive parent) _____

RCW 26.33.340 Department, agency, and court files confidential – Limited disclosure of information. Department, agency, and court files regarding an adoption shall be confidential except that reasonably available non-identifying information may be disclosed upon the written request for the information from the adoptive parent, the Adoptee, or the birthparent... Identifying information may also be disclosed through the procedure described in RCW 26.33.343.

There is a \$30.00 statutory (RCW 36.18.016(1)) special services fee. Following judicial review your request will be processed. Non-identifying information that is available may be disclosed. If no record is found you will be notified. Please mail completed request form and fee to: **Skagit County Clerk, 205 W. Kincaid St Room 103, Mount Vernon, WA 98273. Please enclose a money order or cashier's check made payable to the Skagit County Clerk and enclose copy of your driver's license. No personal checks are accepted.**

TO ASSIST THE CLERK IN LOCATING THE ADOPTION RECORD, PLEASE PROVIDE AS MUCH OF THE FOLLOWING INFORMATION AS POSSIBLE: ***Please indicate if unknown***

Skagit Co. Superior Ct. Case No. _____ Date of adoption _____

Name of Adoptee before adoption _____

Name of Adoptee after adoption (if different than above) _____

Adoptee (circle one) MALE or FEMALE Adoptee's birthdate _____ Age when adopted _____

Birth Mother's name (at time of birth) _____

Birth Father's name _____

Adoptive Mother's name _____

Adoptive Father's name _____

REQUESTOR'S Signature _____

*****Office Use Only*****

Record search by: _____ Re-check search by: (Supervisor) _____

Response: _____

_____ Date: _____