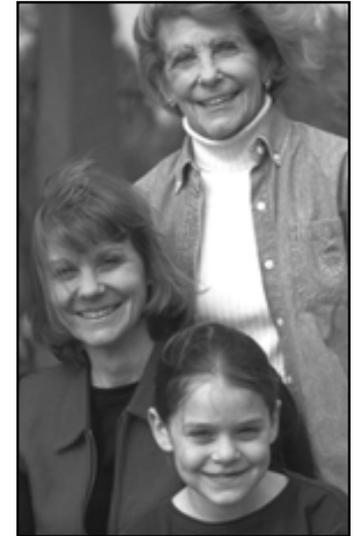


Kentucky's Adoption Search Services



Kentucky Cabinet for Health and Family Services
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Kentucky Cabinet for Health and Family Services
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Beginning a search for adoption information

Adoption brings with it an array of feelings for a new family: happiness, fulfillment and hope. Paired with that optimism may be feelings of concern for adopted persons once they become adults and have questions about their birth families.

Adopted persons may want to learn more about their birth families for many personal reasons. Siblings of adopted persons may also want to find information about their brothers and sisters.

This guide is intended to assist those adults who seek background information about themselves or their birth siblings.

The Kentucky Cabinet for Health and Family Services may be able to help adult adopted persons whose adoptions were finalized in a Kentucky circuit or family court begin a search for information.

Adoption records are sealed once the courts finalize an adoption and can only be opened by court order. Kentucky law requires the cabinet, private adoption agencies and state courts to release certain information when certain conditions are met.

Who can get adoption information?

With some conditions, the cabinet may be able to help people in the following circumstances:

- When an adopted person at least 21 years old is seeking health and background information about birth parents
- When an adopted person at least 21 seeks identifying information about birth parents and
- When a birth sibling seeks information about an adopted brother or sister when both parties are at least 18

Adopted persons seeking health information

Adopted persons who are 21 or older can make a written request to the cabinet for nonidentifying health and background information about their birth parents.

The following information may be disclosed from adoption records:

- Information about the health history of the biological parents and other relatives that could affect the adopted person's mental or physical health and
- Cultural and background information about the adopted person's birth parents and other relatives

Requesting information about a sibling

Siblings can receive information about a birth brother or sister if the following conditions are met:

- Siblings had a relationship prior to the adoption.
- Both siblings are 18 or older.
- Both siblings make similar requests.
- The adopted person's file contains similar requests for information and/or contact between adult siblings.

How do I make a request?

Adopted persons must request nonidentifying information from the cabinet in writing.

Be sure to clearly state the information or services requested, sign the request and include the following information:

- Your full adoptive name and birth date
- Your adoptive parents' full names
- The Kentucky county in which the adoption was finalized
- Your biological parents' names, if known
- Your Social Security number
- Your current name, address and phone number and
- A copy of a valid, government-issued photo identification card.

Or, complete the request form on page 7 of this booklet and send it with a photocopy of a valid, government-issued photo identification card to listed address.

The cabinet receives hundreds of requests for information per year. Requests are processed in the order they are received.

When the cabinet has health information

If the cabinet receives written, physician-verified information from a birth parent, sibling or a medical service provider about a medical or genetic condition that may affect the physical or mental health of an adopted person, the cabinet will make diligent efforts to notify:

- The adult adopted person
- The adult whose parental rights have been terminated by a Kentucky court or
- An adoptive parent of a child.

The cabinet will also submit the health information to the court that issued the adoption order to be placed in the court's records.

If a private adoption agency or the court receives health information about a birth relative of an adopted person, they are required to submit the information to the cabinet to be placed in the adopted person's file.

Adopted persons seeking identifying information

Adopted persons who are at least 21 may request identifying information about their birth parents if the following conditions are met:

- The adopted person obtains a court order from the circuit or family court in the county in which the adoption was finalized.
- The adopted person receives a letter to send a \$150 fee to the cabinet to complete the search.

To apply for a court order: The adoptee must file an AOC 290 form (Petition to Inspect Adoption Records) with the Kentucky circuit or family court in the county where the adoption was finalized. Two forms of identification are required upon filing.

To pay the fee: Mail a money order or check payable to the Kentucky State Treasurer to this address:

**Kentucky Cabinet for Health and Family Services
275 E. Main St., 3C-E
Frankfort, KY 40621**

Once the request is filed, the cabinet has six months to conduct the birth parent search.

If the birth parents are located:

- They have two months to provide the cabinet with written consent or denial of consent for the release of identifying information and
- The cabinet will not share the adult adopted person's identity or contact information, which is considered confidential.

If the birth parents cannot be located or are deceased, the court may still order the release of certain information from an adoption file.

In order for the cabinet to release a copy of an original birth certificate, the judge must specifically order the Office of Vital Statistics to release it by sending a court order to that office.

Adult adopted persons who have a change of address or telephone number before the search is completed must provide the cabinet and the court with updated contact information.

Birth parent or relative requests

By Kentucky law, the cabinet cannot conduct searches for adopted persons that are initiated by birth parents or relatives.

Birth parents and preadoptive siblings are encouraged to provide name changes, current addresses and current phone numbers to the cabinet, the court, or a private adoption agency to be placed in the closed adoption record.

Birth parents are encouraged to notify the cabinet about any significant family medical or health issue that is verified by a physician. The cabinet will make diligent efforts to contact the adult adopted person to relay the information as well as place the information in the adopted person's closed file.

Birth parents may complete the consent form on page 6 of this booklet and return it to the cabinet to be placed in the adopted person's file.

Further information

Read the Kentucky laws regarding adoptee searches under KRS chapter 199 online at <http://www.lrc.state.ky.us/krs/199-00/chapter.htm>.

To speak to cabinet staff about an adoption search, call (502) 564-2147 or your local Department for Community Based Services office.

For additional information regarding adoptions, contact:

National Adoption Information Clearinghouse
330 C St., SW

Washington, DC 20447

Phone: (703) 352-3488 or (888) 251-0075

Fax: (703) 385-3206

Web site: <http://naic.acf.hhs.gov>

e-mail: NAIC@CALIBER.COM

Biological Parent Consent Form

Please place this consent form in my birth child's adoption file:

I, _____, as biological mother/father of _____, born on _____

Consent Do not consent

to the aforementioned child, upon reaching adulthood, being allowed to inspect the adoption records pertaining to him/her. I understand that under current law, personal contact information will not be released by the Circuit Court or the Cabinet for Health and Family Services without a court order.

Also, I _____
Consent Do not consent

to the child having personal contact with me upon reaching adulthood. I understand that under current law, personal contact information will not be released by the Circuit Court or the Cabinet for Health and Family Services without a court order.

I understand that copies of this document will be filed in the records of the Cabinet for Health and Family Services and in the circuit court records of the adoption. I also understand that this consent/denial of consent is valid until revoked or altered by me.

Name: _____

Address: _____

City/State/ Zip: _____

Phone number with area code: _____

E-mail address: _____

Social Security number: _____

Signature and date: _____

**Please notify the Cabinet for Health and Family Services
with any address or phone number changes**

Information Request Form

Adult adopted persons may request information by completing this form and sending it with a copy of a valid, government -issued photo identification card to the following address:

Kentucky Cabinet for Health and Family Services
275 E. Main St., 3C-E
Frankfort, KY 40621
(502) 564-2147

Adoptive name

Adopted person's birth date

Social Security number

Adoptive parents' names

County of adoptive parents' residence at time of adoption

Birth parents' names, if known

Your current name

Your current address

Your current phone with area code Your e-mail address

Your signature

Nature of request: