

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

\_\_\_\_\_  
**Adopted name**

\_\_\_\_\_  
**Adopted person's Date of Birth**

\_\_\_\_\_  
**Social Security number**

\_\_\_\_\_  
**Adoptive parents' names**

\_\_\_\_\_  
**City/County/State of adoptive parents' residence at time of adoption**

\_\_\_\_\_  
**Birth Name/Birth Parent names, if known**

\_\_\_\_\_  
**My current name**

\_\_\_\_\_  
**Phone (include area code)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Email**

**Nature of request:** \_\_\_\_\_ **background info on the birth family** \_\_\_\_\_