

This form is to be used by former Nebraska State Wards in order to obtain personal records maintained by the Nebraska Department of Health and Human Services, Division of Children and Family Services. Please fill out the following information and have your signature notarized. Do not use this form to request a former ward verification or financial aid letter. Visit our website or email us to make this request: DHHS.ChildrenandFamilyServices@nebraska.gov <http://dhhs.ne.gov/Pages/Former-Wards-Personal-Records.aspx>

Please indicate the following:		Check how you want to receive records:	
<input type="checkbox"/> I was adopted	<input type="checkbox"/> I was not adopted	<input type="checkbox"/> US Mail	<input type="checkbox"/> Secure Email

Former Ward Information

First Name	Middle Name	Last Name
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Date of Birth	Social Security Number
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Other Names (Such as maiden names, nicknames, pre-adoption name)

Contact Information

Email Address	Phone Number
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Address

City	State	Zip
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I hereby attest that I am the person named in this application.

Former Ward Signature	Date
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State of _____)

County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____

(Printed Name of Former Ward)

Affix Official Notary Seal Here

Notary Public	Date of Expiration
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Need a Notary? Please visit the Nebraska Secretary of State Notary Public website below for more information:
Website: <http://www.sos.ne.gov/business/notary/index.html>

Please submit this form via mail or email to the addresses below:
Email: DHHS.ChildrenandFamilyServices@nebraska.gov
Mail: DHHS Children and Family Services ATTN Former Ward Program
PO Box 95026
Lincoln, NE 68509