

Department of Health & Humans Services
REQUEST FOR ACCESS TO BIRTH INFORMATION
(FOR ADOPTED PERSONS WHEN RELINQUISHED OR CONSENT FOR AN ADOPTION IS
GIVEN ON OR **AFTER** SEPTEMBER 01, 1988).

Section 43-146.04, Revised Statutes, as amended: an adopted person twenty-one years of age or older born in this state who desires access to the names of relatives or access to his or her original certificate of birth shall file a written request for such information with the Department of Health and Human Services Finance and Support. The department shall provide a form for making such a request.

Please list all known information so a complete file search can be made to furnish the requested information. Where information is not known, enter UNKNOWN.

Please Print or Type	Original Record	Adoptive Record
Full Name of Child		
Full Name of Father		
Full Maiden Name of Mother		
Date of Birth		
Place of Birth		
Sex		

Please indicate which records or information you are requesting:

- ☐ Original record of birth, if there is no nonconsent form(s) on file.
- ☐ Name(s) and address(es) of biological sibling(s) as filed on consent form(s).
- ☐ A copy of the medical history and any medical records on file.

PLEASE REMIT \$17.00 WITH THE COMPLETED REQUEST FORM.

[Please enclose a photocopy of applicant's photo identification when submitting this form.]

I understand that the name and address of the court which issued the adoption decree, the name of the child placement agency, if any, involved in the adoption, the original birth certificate and medical history, if any, can be released to me by the Vital Records Management only if no nonconsent forms have been filed, or by court order. If a nonconsent form is on file, only the medical history, if any, may be released.

Signature

Typed or Printed Name

Street Address or Route Number

City	State	Zip Code
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FOR OFFICE USE ONLY	
Date Received	Vital Records P.O. Box 95065 Lincoln, NE 68509-5065 Questions, call: 402-471-8248
Amount Received	
By Whom	
Original Certificate Number	
Adoptive Certificate Number	