

Request for Non-Identifying Information

Adult adopted persons aged twenty-one (21) and older may request information by completing this form. Adoptive parents may request for adopted minors. Please submit this form with a copy of a valid government-issued photo identification card to the following address:

Kentucky Cabinet for Health and Family Services
Adoption Services Branch
275 East Main Street, 3C-E
Frankfort, Kentucky 40621
502-564-2147

Adopted name:

Date of birth:

Adopted parent(s) name:

City/County/State of adopted parent(s) at the time of adoption:

Birth name/birth parent names, if known:

Current name:

Phone (include area code):

Address:

City

State

Zip

Email:

Signature

Date