

INFORMATION REGARDING ADOPTION SEARCH REQUESTS

The Erie County Court of Common Pleas Family/Orphans' Division has established procedures to handle adoption search requests. The following are those procedures:

If you wish to initiate a search for the birth parents to obtain their consent to release their identity, you must complete the attached **PETITION FOR RELEASE OF IDENTIFYING INFORMATION** and forward it to the Register of Wills Office, Erie County Courthouse , 140 West Sixth Street, Erie, PA 16501, together with a check for \$150.00 made payable to "Clerk of the Orphans' Court". If the natural parents do not consent to the release of their identity, we will forward to you whatever non-identifying information available in the Court's file (e.g., nationality, religion, etc.)

If you wish to receive *only* non-identifying information, please fill out the attached **PETITION FOR RELEASE OF LIMITED NON-IDENTIFYING INFORMATION** and forward it to the "Clerk of the Orphans' Court" to the Register of Wills Office, Erie County Courthouse, 140 West Sixth Street, Erie, PA 16501 together with a check for \$75.00 made payable to the "Clerk of the Orphans' Court".

**PLEASE UNDERSTAND THAT LEGAL OBLIGATIONS OF CONFIDENTIALITY
PREVENT THE COURT FROM DOING ANYTHING OTHER THAN WHAT HAS
ALREADY BEEN STATED.**

IN RE: : IN THE COURT OF COMMON PLEAS
ADOPTION SEARCH : OF ERIE COUNTY, PENNSYLVANIA

PETITION FOR RELEASE OF IDENTIFYING INFORMATION

Petition under Section 2905(b) of the Adoption Act:

1. Name of Petitioner: _____
Address of Petitioner: _____
Telephone Number: Work : _____ Home: _____

2. Name of Adoptee: _____
Address of Adoptee: _____
Telephone Number: Work: _____ Home: _____
Date of Birth of Adoptee: _____

3. If the Petitioner is not the Adoptee, please state the Relationship of Petitioner to Adoptee:

4. Reason for desire to contact birth parent(s): _____

I, _____, understand that I am requesting the release to me of identifying information relating to the above adoption. I understand that identifying information may be released to me only with the consent of the living birth parent(s) and that if a birth parent is deceased, identifying information may be released regarding the deceased parent. **No information may be released regarding a living birth parent who does not consent.** I understand that records vary a great deal and some records may contain more extensive information than others. I understand that identifying information may not be available in the adoption file. I understand that the reasons why I desire to contact the birth parents will be disclosed to them if contacted. I understand that the Court may refuse to contact the birth parents if it believes that, under the circumstances, there would be a substantial risk that persons other than the birth parents would learn of the adoptee's existence and relationship to the birth parents. I understand that the Court may appoint someone to make a reasonable effort to contact the birth parents, if possible, as its designated agent.

WHEREFORE, the petitioner prays your Honorable Court for a release of limited information.

Date

Petitioner

I hereby authorize the release of the following identifying information upon the request of my birth parent(s).

Name: _____ Address: _____

Telephone: _____

Date: _____ **Signature:** _____

I, _____, verify that I am the Petitioner named in the foregoing Petition and that the facts set forth herein are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

Petitioner