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 no 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