



NEVADA'S ADOPTION REUNION REGISTRY

BIRTH PARENT REQUEST OF COPIES OF THEIR ADOPTION DOCUMENTS THEY PREVIOUSLY SIGNED

NAC 127.371 Information provided by agency to public, biological parents, adoptive parents and adopted persons. (NRS 127.230) An agency which provided child welfare services:

3. May, upon request, provide to any biological parents it serves copies of any documents those parents execute relating to an adoption and advise those parents if the child has been adopted.

(Subsection relevant to this form)

PRINT LEGIBLY

I _____ am requesting a copy of any adoption documents that I executed (*signed*) available in the closed adoption records. Please allow up to 60 days to complete your request.

Child's Birth Name: _____ Date of Birth: _____

BELOW SPACE IS FOR NOTARY USE ONLY:

Signature of Birth Parent: _____ Date: _____

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

By _____

Print Name of Requestor

Signature of Notary Public

(Notary Stamp)

When completed, mail this form to:

Division of Child and Family Services
Attn: Adoption Reunion Registry
4126 Technology Way, 3rd Floor
Carson City, Nevada 89706