



NEVADA'S ADOPTION REUNION REGISTRY
**BIRTH PARENT REQUEST FOR COPY OF
ADOPTION DOCUMENTS THEY EXECUTED**

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 all/any adoption documents that I executed (*signed*) relating to the adoption of my child.

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

Requestor's Contact Info Street/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Email Address: _____

When completed, mail this form to: Division of Child and Family Services
Attn: Adoption Reunion Registry
4126 Technology Way, Third Floor
Carson City, Nevada 89706

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 Application

Signature of Notary Public

(Notary Stamp)