

YAKIMA COUNTY SUPERIOR COURT

PETITION FOR NON-IDENTIFYING ADOPTION INFORMATION

I, _____, am the:
(Printed Name)

Adoptee (Adopted Child)
 Birth Parent
 Adoptive Parent

I believe that there is an adoption in Yakima County, State of Washington, in which I was involved. I am requesting non-identifying information relating to the adoption as stated below. I understand that there is a 'per hour' research fee and I have paid the minimum prepayment at the present rate set forth in RCW 36.18.016(11).

(Personal Checks are NOT accepted.)

Please submit a Self Addressed, Stamped envelope with your request.

At the time of adoption:

Childs Name: _____ or: _____.

Childs Date Of Birth: _____.

My legal name was: _____
(Include maiden and married names)

DATED this _____ day of _____, 20 ____.

Signature

IDENTIFICATION:

Mailing Address

*()
Phone Number*

RESPONSE FROM CLERK'S RECORDS

- 1 Age in years at the time of the adoption: _____
- 2 Heritage, including nationality, ethnic background and race: _____

** *Continued on next page* **

**Yakima County Clerk's Office
128 North 2nd Street, Room 323
Yakima WA 98901
(509) 547-1430**

Above answers were completed by:

Deputy Clerk