REQUEST TO OPEN ADOPTION FILE IN CLACKAMAS COUNTY

Date: _____

Name of Adoptee: _____

Address: _____

Phone: _____

Name of Adoptive Parents:

Mother: _____

Father: _____

Name of Birth Parents:

Mother: _____

Father: _____

Date of Adoption: _____

Child's Name Prior to Adoption: _____

Child's Name After Adoption: _____

Adoption File Number: _____

Reason for Making Request: _____

_____

_____

_____

_____

COURT RESPONSE AFTER REVIEW OF ADOPTION INFORMATION REQUEST:

IT IS SO ORDERED

_____ Denial

_____ Certified copy of Judgment approved

_____ other _____

_____

CIRCUIT COURT JUDGE Date