

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA
(County in which adoption was finalized)

REQUEST TO OPEN ADOPTION RECORDS

Person requesting records:

FULL NAME DAYTIME PHONE

ADDRESS E-MAIL (Optional)

- I am requesting my own record(s);
- I am the parent/legal guardian of the individual requesting records

This adoptee is over the age of 24 is NOT over the age of 24

Name on adoption file: _____

Approximate date of adoption: _____

- I am requesting copies of:
- Decree of Adoption
 - Medical Records
 - Other:

Reason for request:

Date Signature

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

Notary Public/Clerk/Magistrate