

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

PETITION TO BREAK THE SEAL OF ADOPTION

IN RE PETITION OF

ADOPTION NO. _____
(completed by court staff)

PRINT YOUR NAME

STREET ADDRESS

CITY, STATE, AND ZIP CODE

TELEPHONE NUMBER

PETITION MUST BE FILED BY THE ADOPTEE

I, _____, am the Petitioner in this case and state that:
PRINT YOUR NAME

1. The name of the adoptive parents

NAME OF ADOPTIVE PARENTS

2. The name of the adoptee is

NAME OF ADOPTEE

3. The approximate date of the adoption (if known)

(MM/DD/YYYY)

4. The date of birth of the adoptee is

(MM/DD/YYYY)

5. The place of birth of the adoptee is (complete as much information as possible)

NAME OF HOSPITAL

CITY AND STATE OF BIRTH

DOCTOR'S NAME

6. The names of the birth parents, (if known), are

NAME OF BIRTH PARENTS

7. The adoption case number, (if known), is

8. I am seeking the following information:

_____ Medical information

_____ To establish contact with the birth parents

_____ Other (please describe in space #9)

9. If there is any additional information you are seeking, please do so here. Attach an additional page, if needed.

AFFIRMATION:

I, _____, solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the Petition to Break the Sealed of Adoption and that the factual statements made in it are true to the best of my knowledge, information, and belief.

SIGN YOUR NAME

DATE (MM/DD/YYYY)

PRINT YOUR NAME

OR

NOTORIZATION:

_____, being first sworn under oath, and having provided photographic identification, states that the statements made in the Petition to Break the Seal of Adoption are true to the best of his/her knowledge and belief.

Date (MM/DD/YYYY)

NOTARY PUBLIC

Subscribed and sworn to before me on _____.

NOTARY PUBLIC