

PLEASE RETURN COMPLETED  
FORM TO:

**Adoption Medical  
History Registry  
DPW/OCYF  
P.O. Box 2675  
Harrisburg, PA 17105-2675**

For additional  
Information, Call:

**1-800-227-0225**



**Tom Corbett  
Governor**

**Gary D. Alexander  
Acting Secretary**



CY 911 - 5/03

# **Pennsylvania's Adoption Medical History Registry**

*Sharing Important  
Health Information*

Adoptee Request Form

Commonwealth of Pennsylvania  
Department of Public Welfare

# ADOPTION MEDICAL HISTORY REQUEST FORM

This form may be completed by an adoptee 18 years of age or older or by an adoptive parent or legal guardian of a minor child. After reaching age 18, adoptees must complete their own request.

Any birth family medical information on file will be mailed to the requestor. If no information is on file at the time of the request, a notice of that fact will be mailed.

Requests remain active with the Registry. Information received in the future will be mailed to the requestor. It is important to notify the Registry of any change of address.

REQUESTOR:  ADOPTEE  ADOPTIVE PARENT/GUARDIAN

NAME OF THE ADOPTEE: \_\_\_\_\_  
Last First Middle Maiden

\*\*\*\*DO NOT LIST THE NAME THAT APPEARS ON THE ORIGINAL BIRTH CERTIFICATE PRIOR TO THE ADOPTION.\*\*\*\*

CURRENT NAME OF THE ADOPTEE  
(IF DIFFERENT FROM ABOVE): \_\_\_\_\_

GENDER OF ADOPTEE:  Female  Male BIRTHDATE: \_\_\_\_\_  
(MONTH, DAY, YEAR)

PLACE OF BIRTH: \_\_\_\_\_  
(COUNTY) (CITY, BOROUGH OR TOWNSHIP) (STATE)

BIRTH CERTIFICATE STATE FILE NUMBER: \_\_\_\_\_

PLACE OF FINALIZATION: \_\_\_\_\_  
(COUNTY) (CITY, BOROUGH OR TOWNSHIP) (STATE)

ADOPTIVE MOTHER'S NAME: \_\_\_\_\_  
Maiden Last First M.I.

ADOPTIVE FATHER'S NAME: \_\_\_\_\_  
Last First M.I.

LEGAL GUARDIAN'S NAME: \_\_\_\_\_  
Last First M.I.

ADDRESS OF REQUESTOR: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip

I certify that, to the best of my knowledge, this information is true and factual. Further, I understand that it is my responsibility to notify the Registry of any change in address.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**You must attach a copy of a valid driver's license OR have this form notarized.**

NOTARY  
SEAL