



SEARCH/DISCLOSURE REQUEST
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES - ADOPTIONS
 SFN 940 (2-2023)

Date

INSTRUCTIONS: Indicate your status in the box to the right. Additionally if you are an:

- Adopted Adult/Child of Adoptee** - complete the sections 1, 2a, 3, & 4a or 4b
- Birth Parent/Birth Sibling** - complete sections 1, 2b, 3 & 4a or 4b
- Adoptive Parent** - 1 (in the name of the adopted child), 2a, 3 & 4a or 4b
- Sign Section 5 in the presence of a Notary Public.**

Status	
<input type="checkbox"/> Adopted Adult	<input type="checkbox"/> Adoptive Parent
<input type="checkbox"/> Birth Parent	<input type="checkbox"/> Birth Sibling
<input type="checkbox"/> Adult Child of Deceased Adopted Individual	
<input type="checkbox"/> I am providing information for minor child	

1. Name (Last, Maiden, Adopted, First, Middle)		Your Birth Date	
Address	City	State	ZIP Code
Email Address		Telephone Number	

2a. FOR USE BY ADOPTED ADULT/CHILD OF ADOPTEE ONLY 2b. FOR USE BY BIRTH PARENT OR BIRTH SIBLING ONLY

Adoptive Mother and Father (Use Mother's Given Name)			Birth Date of Child Placed for Adoption		Sex of Child Placed for Adoption <input type="checkbox"/> Male <input type="checkbox"/> Female	
Adoptee's Name at the Time of Their Adoption			Birth Parent Name (Use Only for Sibling Search)			
Address of Adoptive Parents at Time of Placement			Address of Birth Parents at Time of Placement			
City	State	ZIP Code	City	State	ZIP Code	

3. Specify Information Requested (check all that apply)
 Identifying Search Non-identifying Search Tribal Enrollment Medical Information Only

4a. Name of North Dakota Licensed Child Placing Agency that Processed the Adoption

<p>4b. If Adoptive Placement was Accomplished Without Agency Involvement Indicate the North Dakota Licensed Child-Placing Agency You Select to do the Search:</p> <input type="checkbox"/> Catholic Charities ND <input type="checkbox"/> Christian Adoption Services (CAS) <input type="checkbox"/> The Village Family Service Center	<p>4c. Information for Minor Child Only Agency who Processed the Adoption</p>
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IN AN **IDENTIFIED SEARCH**, I UNDERSTAND THAT THE CHILD-PLACING AGENCY HAS A PERIOD OF 90 DAYS TO MAKE A COMPLETE AND REASONABLE EFFORT TO LOCATE AND TO NOTIFY MY BIRTH PARENTS/SIBLING/ADOPTED ADULT OF THIS REQUEST.

5. (Seal)	State of	Signature of Parent(s) if Adoptee is a Minor
	County of	Signature of Adopted Adult/Birth Parent/Birth Sibling/Child of Adoptee
(Stamp)		Date
		Date Signed and sworn to (or affirmed) before me
		Signature of Notary Public or Other Authorized Officer
		Commission Expiration Date