

IN RE: : IN THE COURT OF COMMON PLEAS  
:  
ADOPTION SEARCH : OF ERIE COUNTY, PENNSYLVANIA

**PETITION FOR RELEASE OF IDENTIFYING INFORMATION**  
**(filed by Adoptee)**

Petition under Section 2905(b) of the Adoption Act:

1. Name of Petitioner: \_\_\_\_\_

Address of Petitioner: \_\_\_\_\_

Telephone Number: Work: \_\_\_\_\_ Home: \_\_\_\_\_

2. Name of Adoptee: \_\_\_\_\_

Address of Adoptee: \_\_\_\_\_

Telephone Number: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Date of Birth of Adoptee: \_\_\_\_\_

3. If the Petitioner is not the Adoptee, please state the Relationship of Petitioner to Adoptee:

\_\_\_\_\_

4. Reason for desire to contact birth parent(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, understand that I am requesting the release to me of identifying information relating to the above adoption. I understand that identifying information may be released to me only with the consent of the living birth parent(s) and that if a birth parent is deceased, identifying information may be released regarding the deceased parent. **No information may be released regarding a living birth parent who does not consent.** I understand that records vary a great deal and some records may contain more extensive information than others. I understand that identifying information may not be available in the adoption file. I understand that the reasons why I desire to contact the birth parents will be disclosed to them if contacted. I understand that the Court may refuse to contact the birth parents if it believes that, under the circumstances, there would be a substantial risk that persons other than the birth parents would learn of the adoptee's existence and relationship to the birth parents. I understand that the Court may appoint someone to make a reasonable effort to contact the birth parents, if possible, as its designated agent.

**WHEREFORE**, the petitioner prays your Honorable Court for a release of information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner

I hereby authorize the release of the following identifying information upon the request of my birth parent(s).

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**VERIFICATION**

I, \_\_\_\_\_, verify that I am the Petitioner named in the foregoing Petition and that the facts set forth herein are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Petitioner