STATE OF HAWAI'I FAMILY COURT SECOND CIRCUIT		Request Regarding Confidential Adoption Records of the Family Court (Act 80 of 2016)	CASE NUMBER FC-A NO				
(Type or print in black ink)							
1.	PRESENT NAME OF APPLICANT: (First, middle, and last names)						
2.	APPLICANT'S RELATIONSHIP TO ADOPTEE (adopted child): (check 1 box) [] adoptee [] natural parent [] adoptive parent						
3.	<b>FULL NAME OF ADOPTEE</b> (First, middle, and last name) (state adoptee's name at birth or after adoption, whichever is known):						
4.	ADOPTEE'S BIRTHD	ATE: BIRTH PLACE:	(City, State)				
5.	NAME OF ADOPTIVE FATHER (if known):						
6.	NAME OF ADOPTIVE MOTHER (if known):						
7.	NAME OF NATURAL	NAME OF NATURAL FATHER (if known):					
8.	NAME OF NATURAL MOTHER (if known):						
9.	REQUEST IS FOR:          Inspection of records         Medical       Ethnic Background information         Ocpy of Adoption Decree         Letter to CSEA confirming adoption         Other:						
10.							
11.	APPLICANT'S MAILING ADDRESS:						
12.	APPLICANT'S TELEI	PHONE NUMBERS: (include area codes)					
	(Home)	(Cell)	(Court Use Only)				

	TATE OF HAWAI'I FAMILY COURT	Adoption R	ding Confidential ecords of the (Act 80 of 2016)	CASE NUMBER FC-A No.			
SECOND CIRCUIT       Family Court (Act 80 of 2016)         13.       APPLICANT DECLARES UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF.							
14.	Date		Applicant's Signature				
	Print Applicant's complete name:						
Document Title: <u>Request Regarding Confidential Adoption Records of the Family Court (Act 80 of 2016)</u>							
Document Date: No. of Pages: _2_ was subscribed and sworn to me on in the Second Circuit, State of Hawai'i by:							
	in the		, who				
(Print name of person who signed Request) personally appeared before me and to me known to be the person described in and who executed the foregoing document and acknowledge that s/he executed the same as his/her free act and deed.							
(Signature of Notary Public)							
	(Print Nam	e of Notary Public)					
Date:							
Му со	ommission expires:			Affix Seal			
FOR FAMILY COURT USE ONLY: (if Request is signed in front of court staff)							
 []F	Picture ID verified	Cle	erk's initials:	_			
REQUEST IS: [] APPROVED [] DENIED							
Judge, Family Court of the Second Circuit Print Name of Judge:							
Americans with Disabilities Act Notice If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation: Call (808) 244-2855 FAX(808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.							