

STATE OF HAWAII FAMILY COURT FIFTH CIRCUIT	Request Regarding Confidential Adoption Records of the Family Court (Act 80 of 2016)	CASE NUMBER FC-A No. _____
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(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. **FULL NAME OF ADOPTEE** (First, middle, and last name) (state adoptee's name at birth or after adoption, whichever is known): _____

4. **ADOPTEE'S BIRTHDATE:** _____ **BIRTH PLACE:** _____

Mm/dd/yyyy
(City, State)

5. **NAME OF ADOPTIVE FATHER** (if known): _____
6. **NAME OF ADOPTIVE MOTHER** (if known): _____
7. **NAME OF NATURAL FATHER** (if known): _____
8. **NAME OF NATURAL MOTHER** (if known): _____

9. **REQUEST IS FOR:**
 - ☐ Inspection of records
 - ☐ Medical ☐ Ethnic Background information
 - ☐ Copy of Adoption Decree
 - ☐ Letter to CSEA confirming adoption
 - ☐ Other: _____

10. **REASON FOR REQUEST:** _____

11. **APPLICANT'S MAILING ADDRESS:**

12. **APPLICANT'S TELEPHONE NUMBERS:** (include area codes)

_____ (Home)
_____ (Cell)

(Court Use Only)

