

**COURT OF COMMON PLEAS OF CHESTER COUNTY  
ORPHANS' COURT DIVISION**

**ADOPTION SEARCH REQUEST FORM**

**PHOTO ID REQUIRED:** The individual requesting the search must include a **legible copy** of his/her **Valid Government issued Photo Id** that verifies the name and mailing address as listed below.  
**The request will NOT be processed without a photo ID.**

Please provide as much of the following information as possible. The Court will notify you if this adoption DID or DID NOT occur in Chester County. If the adoption DID occur in Chester County, the Court will inform you of the next step required to obtain non-identifying or identifying information.

**PRINT or TYPE: All information must be legible.**

Name of Person making Request: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_

Your Relationship to Adoptee: \_\_\_\_\_

Name of Adopting Mother: \_\_\_\_\_

Name of Adopting Father: \_\_\_\_\_

Adoptee's Date of Birth: \_\_\_\_\_ Adoptee's Place of Birth: \_\_\_\_\_

Name(s) of Birth Parent(s): \_\_\_\_\_

Date of Adoption: \_\_\_\_\_

Birth Name of Adoptee: \_\_\_\_\_

Any other information that will assist in this search:

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By my signature below, I state I am the person whom I represent myself to be herein, and I affirm the information within this form is complete and accurate to the best of my knowledge and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa. C.S. §4120 or other sections of the Pennsylvania Crimes Code.

\_\_\_\_\_  
Signature

of person making request

Return to: Clerk of the Orphans' Court  
Chester County Justice Center  
201 W. Market Street, Suite 2200  
West Chester, PA 19380-0989