NOTICE OF FORM CHANGE NO. 06-035					03/13/2006	
To: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907			
☐ Community Care Licens ☐ Private and Public Adop		District Attorney Other				
Listed below is information re This notice updates your Dep		, , ,		vn.		
FORM NUMBER AND TITLE AD 908A	(3/06) - Adoptions Infor	mation Act S	tatement			
ORDER UNIT MASTER ONLY		ESTIMATED	PRICE		INITIAL SUPPLY SENT	
☐ New ⊠ Revised	3/06	REPLACES 10/04			Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Perm	nitted With Pr	ior DSS Approval	Red	commended Form	
UNLESS OTHERWISE SPECIFIED STO Department of Social Servi P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse		Other:			
	FORMS DISPOSI	TION AND S	PECIAL INSTRUCTION	ONS		
ISPOSITION OF OLD SUPPLY Use until exhausted		⊠ De	stroy			
SE NEW FORM ☐ When supply available in DSS Warehouse		⊠ Use	e new form effective			
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)						
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					
Attached is a Reproducible C	Copy. Print 8 1/2 x 11.					

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.

ADOPTIONS INFORMATION ACT STATEMENT

Adult Adoptee (age 21 or older)

This form is used only for adoptions completed on or after January 1, 1984

Instructions:

- 1) Please complete both sides of this form.
- This form must be witnessed by a representative of the California Department of Social Services (CDSS) or a California adoption agency licensed by CDSS, or notarized by a Notary Public.* If the signing of this form is witnessed by a CDSS or adoption agency representative, photo identification of the person signing must be obtained and noted on this form. THIS FORM WILL BE RETURNED TO YOU IF IT IS NOT WITNESSED OR NOTARIZED.

You, as the adult adoptee, may change your decision at any time as to whether or not you wish your name and address disclosed by sending a notarized letter to that effect, by registered mail, return receipt requested, to the CDSS, CDSS Adoptions District Office, or licensed adoption agency.

SECTION A Check boxes that apply:				
☐ I declare that I am an adult adoptee form.	(age 21 or older) an	nd that I was adopte	d by my adoptive pa	rents listed on the back side of this
By signing this form, I voluntarily given my birth parent(s) upon the request	-		I adoption agency to	disclose my name and address to
I hereby request, from the CDSS of CDSS or agency records. I understand address before the information from soliciting, directly or indirectly, to	and that my birth pa may be released. I	rent(s) must have of understand that the	consented in writing t	o the disclosure of his or her name
NAME (PLEASE PRINT)			OTHER NAME(S) BY WHICH	I HAVE BEEN KNOWN
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
SIGNATURE				DATE
SECTION B To be completed by completed, do not consignature of CDSS/ADOPTION AGENCY REPRESENTATIVE	mplete Section D.	of CDSS or adoption	on agency licensed	to by CDSS. If Section B or C is
AGENCY/DEPARTMENT NAME		ADDRESS		
IDENTIFICATION OF ADULT ADOPTEE (SPECIFY I.E. DRIVER'S	B LICENSE, PASSPORT, ETC.)			
SECTION C Check if applicab	le. Notarized sign	ature has been pre	eviously submitted	to CDSS.
SECTION D To be completed b	y a Notary Public (ONLY IF Section B	or C is not comple	ted.
State of	<i>)</i>			
On				, a Notary Public,
personally appeared	AME OF ADULT ADOPTEE)	pe	ersonally known to m	ne (or proved to me on the basis of
satisfactory evidence) to be the person executed the same in his/her authorized of which the person acted, executed the	capacity, and that b			
WITNESS my hand and official seal.				
	(Seal)			
Signature	,			

*Definition of Notary Public: A Notary Public is a public officer authorized by law to certify documents and to confirm your identity. Notaries may be located at most banks and credit unions or listed in the yellow pages of your local phone directory.

In order to locate the correct adoption file, please assist us by completing the information below. If you do not know this information, please write "unknown".
Adoptee's name, birth date, city and state of birth
Full names of both adoptive parents
Adoptive parents' current address
ADOPTEES:
Please check this box if you want to receive nonidentifying background information about your birth parents.
Please check this box if you want your adoptive parents notified that you have filed this request before the name and address of your birth parent(s) is released. (Your decision to check or not to check this box does not affect the information you will receive).

WHAT HAPPENS TO THIS FORM?

This form may be sent directly to the adoption agency which handled the adoption, if known, or to the Department's Central Office: Adoptions Support Unit, Department of Social Services, 744 P Street, M.S. 3-31, Sacramento, CA 95814. If the adoption was an independent *(private)* adoption, the form will be acknowledged and placed in the adoption file and you will be sent any available information you requested. If the adoption was an agency adoption, the form will be returned to you with the name and address of the correct agency so you may send it directly to that agency. A copy will be kept in the Department's adoption file.

ADDITIONAL INFORMATION REGARDING THIS INFORMATION ACT STATEMENT

The CDSS or the licensed adoption agency does not provide search services to locate birth parents.

You should keep the CDSS or the licensed adoption agency informed of your current name and address.

There is no fee for services provided by the CDSS. However, licensed adoption agencies may charge a fee for their services.