

**YAKIMA COUNTY SUPERIOR COURT**

**PETITION FOR NON-IDENTIFYING ADOPTION INFORMATION**

I, \_\_\_\_\_, am the:  
(Printed Name)

Adoptee (Adopted Child)  
 Birth Parent  
 Adoptive Parent

I believe that there is an adoption in Yakima County, State of Washington, in which I was involved. I am requesting non-identifying information relating to the adoption as stated below. I understand that there is a 'per hour' research fee and I have paid the minimum prepayment at the present rate set forth in RCW 36.18.016(11).

**(Personal Checks are NOT accepted.)**

**Please submit a Self Addressed, Stamped envelope with your request.**

**At the time of adoption:**

Childs Name: \_\_\_\_\_ or: \_\_\_\_\_.

Childs Date Of Birth: \_\_\_\_\_.

My legal name was: \_\_\_\_\_  
*(Include maiden and married names)*

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
*Signature*

**IDENTIFICATION:**

\_\_\_\_\_  
*Mailing Address*

\_\_\_\_\_  
*(        )  
Phone Number*

**RESPONSE FROM CLERK'S RECORDS**

- 1 Age in years at the time of the adoption: \_\_\_\_\_
- 2 Heritage, including nationality, ethnic background and race: \_\_\_\_\_

\*\* *Continued on next page* \*\*

3 Education, including number of years of school completed at the time of adoption, but not name or location of school: \_\_\_\_\_  
\_\_\_\_\_

4 General physical appearance, including height, weight, color of hair, eyes, and skin, or other information of a similar nature: \_\_\_\_\_  
\_\_\_\_\_

5 Religion: \_\_\_\_\_

6 Occupation, but not specific titles or places of employment: \_\_\_\_\_  
\_\_\_\_\_

7 Talents, hobbies, and special interests: \_\_\_\_\_  
\_\_\_\_\_

8 Circumstances leading to the adoption: \_\_\_\_\_

9 Medical and genetic history of birth parents: \_\_\_\_\_  
\_\_\_\_\_

10 First names:      MOTHER: \_\_\_\_\_  
                          FATHER: \_\_\_\_\_

11 Other children of birth parents by age, sex and medical history: \_\_\_\_\_  
\_\_\_\_\_

12 Extended family of birth parents by age, sex, and medical history: \_\_\_\_\_  
\_\_\_\_\_

13 The fact of the death, age at death, and cause of death if known: \_\_\_\_\_  
\_\_\_\_\_

14 Photographs: \_\_\_\_\_  
\_\_\_\_\_

15 Name of agency or individual that facilitated the adoption: \_\_\_\_\_

**Yakima County Clerk's Office  
128 North 2<sup>nd</sup> Street, Room 323  
Yakima WA 98901  
(509) 547-1430**

**Above answers were completed by:**

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## Deputy Clerk