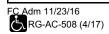
STATE OF HAWAI'I FAMILY COURT OF THE FIRST CIRCUIT		
This document is prepared by [] Self-Represented □ Pet [] Attorney for □ Petitioner/		
Name (and if applicable, Attor	ney No.)	
Address		
City, State, Zip Code		
Telephone Number		
E-Mail Address		
CASE NAME		CASE ID/NUMBER
CAGE NAIVIE		
TITLE OF DOCUMENT		

	TATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	Request Regardi Adoption Red Family Court (A	cords of the	CASE NUMBER FC-A No.		
(Тур	e 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 BIRTHD	Mm/dd/yyyy BIR	ΓH PLACE:	(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 REQU	EST:				
11.	APPLICANT'S MAILI	NG ADDRESS:				
12.	APPLICANT'S TELEI	PHONE NUMBERS: (include area codes)			
	(Home)		Cell)			



STATE OF HAWAI'I	Request Regarding Confidential	CASE NUMBER					
FAMILY COURT	Adoption Records of the	FC-A No.					
FIRST 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	te Applicant's Signature						
Date	Applicant's Signature						
Print Applicant's complete name:							
Document Title: Request Regarding Confidential Adoption Records of the Family Court (Act 80 of 2016)							
Document Date: No. of Pages: was subscribed and sworn to me on							
(Data)	,, by	no of parson who signed Request)					
(Date) in (County), (State), by (Print name of person who signed Request)							
who personally appeared beto	ore me and to me known to be the person de	escribed in and who executed the					
foregoing document and ackn	owledge that s/he executed the same as his/	her free act and deed.					
-	_						
	(Signature of Notary Public						
	(Print Name of Notary Public)						
D .	,						
Date:							
My commission expires:		Affix Seal					
FOR FAMILY COURT USE ONLY: (if Request is signed in front of court staff)							
[] Picture ID verified	Clerk's initials:						
REQUEST IS: [] APPROVED [] DENIED							
	Judge, Family Court of the First Circuit						
Print Name of Judge:							
In accordance with the Americans with Disabilities Act, as amended, and other applicable state and							

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In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax no. 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) days prior to your hearing or appointment date.

Please call the Legal Research and Adoptions Unit at 954-8145 if you have any questions about this form.