

RELEASE OF INFORMATION FORM

This is your authority to permit International Social Service-USA Branch (ISS-USA) to inspect and/or copy any and all records, correspondence, or notes related to the search you have requested ISS-USA to perform on your behalf. See the request directed to ISS-USA attached hereto.

I understand that I may cancel this request with written notification, but that it will not affect any information released prior to notification or cancellation.

This authorization releasing my records is valid for one year from the date listed below.

I further authorize that a photocopy of this authorization may be used in place of the original.

_____	_____
Witness	Name of Person Requesting Trace
	DOB:
	SSN:

	Date

For use by Notary Public ONLY:

State of:

County of:

Subscribed and sworn to before me this _____ day of _____ 201_

Signature of Notary Public

Identity Verification

And

Statement of Purpose For Tracing Request

This form can be filled out in WORD on your computer, or printed out and typed. ALL requested information must be complete before ISS-USA will accept the request for tracing.

I, _____, born on ____/____/____

residing at _____,

Street name and number CITY STATE ZIP CODE

Phone Number: _____ **E-mail:** _____

request that ISS-USA search for the individual listed below.

Name of individual to be traced

Approximate age of individual to be traced: _____

My relationship to the person being traced is: _____

My purpose for requesting this tracing is: _____

Signature of individual requesting the tracing

For use by Notary Public ONLY:

State of:

County of:

Subscribed and sworn to before me this _____ day of _____ 201_

Signature of Notary Public

Background Information on the Person to be Traced

FOR ALL CASES

LAST Name: _____

FIRST Name: _____

Other Given Names (including Maiden Names or Aliases):

Date of Birth: ____/____/____

Nationality (Please note ALL nationalities past and present):

Language(s) Spoken: _____

Religion: _____

Last Known Address (please provide a city and state if a full address is not known)

Please provide any additional information that may help us locate this person:

Directions for Completing the Forms on People Involved in this Tracing

If you are an adoptee searching for your birth parent(s), please complete:

- **Section A**
- **Section B**
- **Section D**

If you are a birth parent searching for your birth child(ren), please complete:

- **Section A**
- **Section B**
- **Section D**

If you are an adoptee searching for your birth sibling(s), please complete:

- **Section A**
- **Section C**
- **Section D**

Section A: Birth Parents Information

Mother's Information:

LAST Name: _____

FIRST Name: _____

Maiden Name: _____

Other Given Names: _____

Date of Birth: ____/____/____

If date of birth is not known: Mother's Approximate Age: _____

Place of Birth (City and State or City and Country):

Nationality (Please include ALL known nationalities past and present):

Language(s) Spoken: _____

Address at time of adoption: (If an exact address is not known please provide a City and State or a City and Country):

Father's Information:

LAST Name: _____

FIRST Name: _____

Other Given Names: _____

Date of Birth: ____/____/____

If date of birth is not known: Father's Approximate Age: _____

Place of Birth (City and State or City and Country):

Nationality (Please include ALL known nationalities past and present):

Language(s) Spoken: _____

Address at time of adoption: (If an exact address is not known please provide a City and State or a City and Country):

Section B: Adoptive Family Information

Mother's Information:

LAST Name: _____

FIRST Name: _____

Maiden Name: _____

Date of Birth: ____/____/____

If date of birth is not known: Mother's Approximate Age: _____

Place of Birth (City and State or City and Country):

Language(s) Spoken: _____

Address at time of adoption (If an exact address is not known please provide a City and State or a City and Country):

Father's Information:

LAST Name: _____

FIRST Name: _____

Other Given Names: _____

Date of Birth: ____/____/____

If date of birth is not known: Father's Approximate Age: _____

Place of Birth (City and State or City and Country):

Language(s) Spoken: _____

Address at time of adoption (If an exact address is not known please provide a City and State or a City and Country):

Section C: Sibling Information

LAST Name: _____

FIRST Name: _____

Other Given Names: _____

Date of Birth: ____/____/____

If date of birth is not known: Sibling's Approximate Age: _____

Place of Birth (City and State or City and Country):

Nationality at Birth: _____

Current Nationality: _____

Name of Adoption Agency: _____

Language Spoken: _____

Current Address (If an exact address is not known please provide a City and State or a City and Country):

Marital Status: _____

Name of Spouse: _____

Section D: Adoptee Information

LAST Name at Birth: _____

FIRST Name at Birth: _____

Other Given Names: _____

Current LAST Name: _____

Current FIRST Name: _____

Date of Birth: ____/____/____

Date of Adoption (If the exact date is unknown please provide the YEAR) ____/____/____

Place of Birth (City and State or City and Country):

Nationality at Birth: _____

Current Nationality: _____

Name of Adoption Agency: _____

Language Spoken: _____

Current Address:

Marital Status: _____

Name of Spouse: _____