

STATE OF WYOMING)
)
COUNTY OF _____)

IN THE DISTRICT COURT

JUDICIAL DISTRICT

IN THE MATTER OF THE ADOPTION OF)
)
)
)
)
)
_____)

CASE # _____
**BIRTH PARENT'S AFFIDAVIT AND
PETITION TO APPOINT A
CONFIDENTIAL INTERMEDIARY
PURSUANT TO W.S. 1-22-203(b)**

_____, being first duly sworn, on oath, petitions and says:
(name of petitioner)

My telephone numbers are: (home) _____ (work) _____

(cell) _____. E-mail address _____

Mailing address _____

My birth son/daughter was born in _____ on _____
(city/county)
_____ and is 18 years of age or older.

(date of birth)
Date of relinquishment: _____ City/County _____

Birth parents' names at the time of relinquishment: _____

The adoption was finalized in _____ Unknown _____
(City/County)

The name of my birth son/daughter at time of birth: _____

Adoptive parents' names, if known: _____

I know the following about my birth son's/daughter's adoptive family: _____

I am seeking my birth son/daughter because: _____

I, therefore, petition this court and respectfully request that an order be entered appointing a confidential intermediary, pursuant to W.S. 1-22-203(b) and that the confidential intermediary be allowed to inspect and copy, at the petitioner's expense, the pertinent adoption files of the court, governmental agencies, adoption agencies and hospitals.

DATED this _____ day of _____, 20 _____.

(Petitioner's signature)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20 _____.

My commission expires:

NOTARY PUBLIC OR DEPUTY CLERK OF COURT