

**COURT OF COMMON PLEAS OF MONTGOMERY COUNTY  
ORPHANS' COURT DIVISION**

**ADOPTION SEARCH REQUEST FORM**

Please provide as much of the following information as possible. The Court will notify you if this adoption DID or DID NOT occur in Montgomery County. If the adoption DID occur in Montgomery County, the Court will inform you of the next step required to obtain non-identifying or identifying information.

**PRINT or TYPE: All information must be legible.**

Name of Person making Request: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Your Relationship to Adoptee: \_\_\_\_\_

Adoptee's Name before Adoption (birth name): \_\_\_\_\_

Adoptee's Name after Adoption: \_\_\_\_\_

Adoptee's Date of Birth: \_\_\_\_\_ Adoptee's Place of Birth: \_\_\_\_\_

Name(s) of Birth Parent(s): \_\_\_\_\_

Name(s) of Adopting Parent(s): \_\_\_\_\_

Date of Adoption: \_\_\_\_\_

Any other information that will assist in this search: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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By my signature below, I state I am the person whom I represent myself to be herein, and I affirm the information within this form is complete and accurate to the best of my knowledge and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa. C.S. §4120 or other sections of the Pennsylvania Crimes Code.

\_\_\_\_\_  
Signature of person making request

\_\_\_\_\_  
Date

Return to: Helen Blair Schuler  
Court Appointed Authorized Representative  
Montgomery County Orphans' Court  
P.O. Box 311  
Norristown, PA 19404-0311  
[HSchuler@montcopa.org](mailto:HSchuler@montcopa.org)