

## **REQUEST AND CONSENT FOR A HERITAGE SUMMARY**

## PLEASE CHECK:

	I request that Children's Hom my file. I understand that al have access to them. I under	II records are the pro	operty of Children's	Home Society of	
Full leg	gal name given by adoptive pare	ents:			
Date o	f birth:				
Adopti	ve parents' names:				
	urrent full legal name: the same as above)				
Curren	t contact information:				
Addres	SS	City	State	Zip	_
Phone		Email	Email Address		
Signatu	ure	Date			
NOTAF	RY REQUIRED PRIOR TO SUBMI	TTING FORM:			
STATE	of				
CITY/C	OUNTY of				
	me this day personally appeare ys that he/she executed the fore				peing duly sworn, deposes ne executed the same.
		 Notar	y Signature and Date	<u>.</u>	
My Coi	mmission expires:				