

REGISTER AND CLERK

Wendy Yaros

McKEAN COUNTY
REGISTER OF WILLS
CLERK OF THE ORPHANS' COURT
P.O. Box 202
Smethport, PA 16749
Phone (814)887-3260

FIRST DEPUTY

Shellie Blauser

SECOND DEPUTY

Tammy Hauck

To Whom It May Concern:

It is our understanding that you are interested in obtaining information regarding an adoption that took place in McKean County. You may file a Petition for Release of Identifying Information or a Petition to Release Limited Information depending on your needs. The Petitioner must be:

1. An adoptee who is at least 18 years of age.
2. An adoptive parent of an adoptee who is:
 - A. Under 18 years of age.
 - B. Adjudicated incapacitated and is 18 years of age or older
 - C. Deceased.
3. A legal guardian of an adoptee who is under 18 years of age or adjudicated.
4. A descendant of a deceased adoptee.
5. A birth parent of an adoptee who is 21 years of age or older.
6. A parent of a birth parent of an adoptee who is 21 years of age or older.
7. A birth sibling of an adoptee, if both the birth sibling and adoptee are 21 years of age or older and:
 - A. A birth sibling remained in the custody of the birth parent and the birth parent consents, is deceased or adjudicated incapacitated.
 - B. Both the birth sibling and the adoptee were adopted out of the same birth family.
 - C. The birth sibling was not adopted out of the birth family and did not remain in the custody of the birth parent.

The Petitioner may request information or contact with the following individuals

1. An adoptee who is 21 years of age or older.
2. A birth parent of an adoptee.

3. A parent of a birth parent of an adoptee who is 21 years of age or older, if the birth parent consents, is adjudicated incapacitated or is deceased.
4. A birth sibling of an adoptee, if both the birth sibling and the adoptee are 21 years of age or older-and:
 - A. The birth sibling remained in the custody of the birth parent and the birth parent consents, is deceased or adjudicated incapacitated.
 - B. Both the birth sibling and the adoptee were adopted out of the same birth parent.

If you are interested in initiating a search to learn an identity in an adoption, you must fill out the PETITION FOR RELEASE OF IDENTIFYING INFORMATION or PETITION FOR RELEASE OF NON-IDENTIFYING INFORMATION AND THE PENNSYLVANIA ADOPTION INFORMATION REGISTRY REQUEST FOR ADOPTION INFORMATION FORM at a total cost of \$95.50 (Petition, JCP Fee & Automation Fee). Please make checks payable to the Clerk of Orphans' Court. It can either be mailed in or hand delivered to the office with you Petition.

PLEASE UNDERSTAND THAT OUR OFFICE HAS A LEGAL OBLIGATION OF CONFIDENTIALITY regarding all adoption proceedings. This prevents us from doing anything other than what has already been stated above. Please understand that no records may be found in McKean County during the search. Feel free to contact our office if you have any further questions regarding these procedures.

We wish you the best of luck in your search.

Respectfully,

Wendy Yaros
Register of Wills / Clerk of the Orphans' Court

IN RE: : IN THE COURT OF COMMON PLEAS
: OF MCKEAN COUNTY
: ORPHANS' COURT DIVISION
NO. 42 - _____
ADOPTION INQUIRY

PETITION FOR DISCLOSURE OF IDENTIFYING ADOPTION
INFORMATION

AND NOW, comes the Petitioner, _____, birth name if known,
_____ by and through his/her counsel, _____
Esquire (or if no attorney, pro se) and files the following Petition for Disclosure of Identifying
Information contained in the records of an adoption proceeding, and states, in support thereof,
the following:

- 1) Petitioner is:
- adult adoptee _____ years of age, with a date of birth of _____
 - an adult natural parent of an adoptee who is 21 years of age or older.
 - an adult searching for an adopted sibling 21 years of age or older
 - an adult parent of an adoptee who is under the age of 18 or adjudicated
incapacitated or deceased.
- 2) Petitioner resides at: _____
- | | | | | | |
|--|--------|--------|------|-------|-----|
| | Number | Street | City | State | Zip |
|--|--------|--------|------|-------|-----|
- 3) Petitioner can be reached at the following telephone number(s):
- 1) Home: () _____
 - 2) Cell: () _____
 - 3) Work: () _____
- 4) Petitioner avers that to the best of his/her knowledge and belief, s/he is an:
- adoptee whose adoption proceeding took place in McKean County.
 - natural parent of an adoptee whose adoption took place in McKean County.
 - sibling who was adopted or whose sibling was adopted in McKean County.
 - adoptive parent of an adoptee whose adoption took place in McKean County.
- 5) Petitioner hereby petitions to discover any and all identifying information
contained in McKean County Orphans' Court adoption records
regarding the proceeding in which Petitioner was adopted.
- 6) The reason(s) why Petitioner is requesting the identifying information is/are as
follows: (PLEASE TYPE OR PRINT LEGIBLY REASONS FOR REQUEST BELOW)

Respectfully Submitted:

Signature

VERIFICATION TO PETITION FOR ADOPTION INQUIRY

**I verify that the foregoing information is correct to the best of my knowledge, information and belief;
and that this Verification is subject to the penalties of 18 Pa. C.S.A. § 4904 relative to unsworn
falsification to authorities.**

DATE: _____

Signature of Petitioner

IN RE: : IN THE COURT OF COMMON PLEAS
: OF MCKEAN COUNTY
: ORPHANS' COURT DIVISION
NO. 42 - _____ : _____
ADOPTION INQUIRY

PETITION FOR DISCLOSURE OF NON-IDENTIFYING ADOPTION
INFORMATION

AND NOW, comes the Petitioner, _____, birth name if known,
_____ by and through his/her counsel, _____
Esquire (or if no attorney, pro se) and files the following Petition for Disclosure of Non-Identifying
Information contained in the records of an adoption proceeding, and states, in support thereof,
the following:

- 1) Petitioner is:
 adult adoptee _____ years of age, with a date of birth of _____
 an adult natural parent of an adoptee who is 21 years of age or older.
 an adult searching for an adopted sibling 21 years of age or older
 an adult parent of an adoptee who is under the age of 18 or adjudicated
incapacitated or deceased.
- 2) Petitioner resides at: _____
Number Street City State Zip
- 3) Petitioner can be reached at the following telephone number(s):
1) Home: () _____
2) Cell: () _____
3) Work: () _____
- 4) Petitioner avers that to the best of his/her knowledge and belief, s/he is an:
 adoptee whose adoption proceeding took place in McKean County.
 natural parent of an adoptee whose adoption took place in McKean County.
 sibling who was adopted or whose sibling was adopted in McKean County.
 adoptive parent of an adoptee whose adoption took place in McKean County.
- 5) Petitioner hereby petitions to discover any and all non-identifying information
contained in McKean County Orphans' Court adoption records
regarding the proceeding in which Petitioner was adopted.
- 6) The reason(s) why Petitioner is requesting the identifying information is/are as
follows: (PLEASE TYPE OR PRINT LEGIBLY REASONS FOR REQUEST BELOW)

Respectfully Submitted:

Signature

VERIFICATION TO PETITION FOR ADOPTION INQUIRY

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this Verification is subject to the penalties of 18 Pa. C.S.A. § 4904 relative to unsworn falsification to authorities.

DATE: _____

Signature of Petitioner



You may request information about your own adoption or the adoption of a family member as listed below. If we have any information on file, we will provide it to you within 30 days. Any information on file will be mailed to the requestor. If no information is on file at the time of the request, a notice of that fact will be mailed. Requests remain active and if information is received in the future, information will then be mailed to the requestor. It is important to notify us of any change in your contact information. When you have completed the form, please forward it to: Pennsylvania Adoption Information Registry, P.O. Box 4379, Harrisburg, PA 17111-0379.

I am one of the following:

- Adoptee who is at least 18.
- Adoptive parent of an adoptee who is under 18 or adjudicated incapacitated or deceased.
- Legal guardian of an adoptee who is under 18 or adjudicated incapacitated.
- Descendant of a deceased adoptee.
- Birth parent of an adoptee who is at least 21.
- Birth grandparent of an adoptee who is at least 21 (Birth parent must consent to the release of the information or be incapacitated or deceased.)
- Birth Parent Survivor*

Birth sibling if both adoptee and sibling are at least 21 (check one):

- Sibling remained in the custody of the birth parent who has given consent for release of this information or who is incapacitated or deceased.
- Sibling was adopted out of the same birth family as the adoptee for whom I am requesting information.
- Sibling was not adopted out of the same birth family and did not remain in the custody of the birth parent.

*Birth Parent Survivor includes the deceased birth parent's spouse, parent, sibling, child (birth, adoptive and stepchild), grandchild, aunt, uncle, children of aunts and uncles if no other relatives survive and children of grandchildren if no other relatives survive.

REQUESTOR'S CONTACT INFORMATION

NAME (Last, First, Middle)		DATE OF BIRTH (MM/DD/YYYY)	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE
I AM REQUESTING INFORMATION ABOUT:		<input type="checkbox"/> Adoptee <input type="checkbox"/> Birth Parent <input type="checkbox"/> Birth Sibling(s)	
I AM REQUESTING:		<input type="checkbox"/> Identifying Information <input type="checkbox"/> Non-Identifying Information <input type="checkbox"/> Both <input type="checkbox"/> Contact	
<small>Identifying Information will include names and contact information. Non-Identifying Information will not include names and contact information but could include medical, social and educational information, etc.</small>			

REQUEST FOR INFORMATION ABOUT THE PERSON LISTED BELOW

Please provide as much information about the person as you know.

CURRENT NAME (Last, First, Middle)		NAME RECORDED ON BIRTH CERTIFICATE (Last, First, Middle)	
DATE OF BIRTH (MM/DD/YYYY)	GENDER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PLACE OF BIRTH	COUNTY	CITY/MUNICIPALITY	STATE HOSPITAL (if applicable)
BIRTH PARENT'S NAME (Last, First, Middle, Maiden)	DATE OF BIRTH (MM/DD/YYYY)	BIRTH PARENT'S NAME (Last, First, Middle, Maiden)	DATE OF BIRTH (MM/DD/YYYY)
ADOPTIVE PARENTS' NAMES (Last, First, Middle)		LEGAL GUARDIAN'S NAME (Last, First, Middle, Maiden)	
I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (section 4904 of the Pennsylvania Crimes Code). Further, I understand that it is my responsibility to notify the registry of any change in address.			
SIGNATURE		DATE	