

CAUSE NO.	
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IN THE INTEREST OF)(IN THE JUDICIAL DISTRICT
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A MINOR CHILD(REN))(WEBB COUNTY, TEXAS

APPLICATION FOR RELEASE OF ADOPTION RECORDS

Proper identification must be provided when making request. If request is being made by mail, please include copy of identification for verification. Thank you.

Name:			
DOB:			
Adoptive Parents Names:			
Approximate Date of Adoption:			
Birth Name (if known):			
Birth Mother's Name (if known):			
Birth Father's Name (if known):			
Reason for Request:			
Signature:	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%; text-align: center;">Date:</td> </tr> </table>		Date:
	Date:		

On this day, the above application for release of Adoption records was presented for my approval. I therefore GRANT/DENY the request for the release of the aforementioned information.

Presiding Judge

Date: _____