

**REQUEST TO INSPECT CONFIDENTIAL ADOPTION RECORDS  
OF THE FAMILY COURT**

**TYPE OR PRINT IN BLACK INK**

[A copy of your completed request will be included in the notice sent to the adoptee or natural parent.]

1. **PRESENT NAME OF APPLICANT:** (First, middle and last names)

\_\_\_\_\_

male     female

2. **RELATIONSHIP TO ADOPTEE (adopted child):** (check one box)

adoptee     natural parent     adoptive parent

3. **FULL NAME OF ADOPTEE:** (State child's name at birth or after adoption, whichever is known)

\_\_\_\_\_  
\_\_\_\_\_

4. **BIRTHDATE:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

5. **ADOPTIVE FATHER** (if known): \_\_\_\_\_

6. **ADOPTIVE MOTHER** (if known): \_\_\_\_\_

7. **BIOLOGICAL FATHER** (if known): \_\_\_\_\_

8. **BIOLOGICAL MOTHER** (if known): \_\_\_\_\_

9. **REQUEST IS FOR:**

Inspection of records

Non-identifying (medical and ethnic background) information on natural parents only

*Note: Medical information may not be current.*

Copy of Adoption Decree

Copy of original birth certificate of child (available to natural parents only)

Other: \_\_\_\_\_

\_\_\_\_\_



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Court, Family Court office by telephone at 954-8200, fax 954-8212, or via email at [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) working days prior to your hearing or appointment date.

***Please call the Legal Research & Adoption Records Unit at 954-8145 if you have any questions regarding this form or procedure.***

10. REASONS FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. APPLICANT'S ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

12. TELEPHONE NUMBERS: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)  
(Include area code)

13. APPLICANT DECLARES UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE  
HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE,  
INFORMATION AND BELIEF.

14. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

15. Document Title: **Request to Inspect Confidential Adoption Records of the Family Court**  
Document Date: \_\_\_\_\_ No. of Pages: 2 Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public) \_\_\_\_\_ Circuit, State of Hawai'i  
(First, Second, Third, or Fifth Circuit)

\_\_\_\_\_  
(Print Name of Notary Public)

My commission expires: \_\_\_\_\_ (Affix seal)

**FOR FAMILY COURT USE ONLY:**

[ ] Picture ID verified Clerk's initials: \_\_\_\_\_

FC-A No. \_\_\_\_\_