



Department for Children and Families

Agency of Human Services
Vermont Adoption Registry
103 S. Main Street
Waterbury, VT 05671-2401
www.dcf.state.vt.us

Phone: 802.241-2122
Fax: 802.241.2407

STATEMENT ABOUT THE RELEASE OF IDENTIFYING INFORMATION

I hereby make the following statement about the release of identifying information to **my birth family**:

- I **consent** to the release of this information to my:
 ____ birth parent(s) ____ birth sibling(s)
- I **do not consent** to the release of this information. I understand that a judge may decide to release this information for important reasons (e.g. medical) even though I have requested confidentiality.

Adoptive Name: _____

Present Name (if different): _____

Date of Birth: _____ Date of Adoption: _____

Names of Adoptive Parents: _____

Town of Residence When Adopted: _____

Your Current Address:

Telephone: () _____

Social Security: _____ Drivers License: # _____ State _____

I understand that I may change my mind about the choice I made above at any time prior to the release of identifying information by writing to: Adoption Registry, 103 South Main Street, Waterbury, VT 05671.

Adoptee's Signature _____

Sworn before me at _____ on this _____ day of _____ 20____

Notary Public My commission expires on _____

Note to Notary: Please use stamp or seal.