



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 child**:

I **consent** to the release of this information.

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.

Child's Birth Name: _____

Date of Birth: _____ Place of Birth: _____

Parent's Full Name: _____

Name at time of Child's Birth: _____

Your Current Address:

Telephone: () _____ Date of Birth: _____

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.

Parent's Signature _____

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

_____ My commission expires on _____

Notary Public

Note to Notary: Please use stamp or seal.