



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 _____.
(In the space provided, state your relationship to person(s) to whom you are releasing information, i.e. "birth family of my adopted child," "my grandchild who was adopted," "my birth sibling who was adopted," etc.)

- 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.

Adoptee's Birth Name: _____

Date of Birth: _____ Place of Birth: _____

Parent's Name at time of Adoption: _____
Date of Birth: _____

My name / my relationship to person I am consenting to release my information to
: _____

Former Name: _____

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

Sibling'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.