

**Department for Children and Families**  
**Family Services Division**  
Vermont Adoption Registry  
280 State Drive  
Waterbury, VT 05671-1030  
www.dcf.vt.gov/fsd

[phone] 802-241-0906  
[fax] 802-241-0914

*Agency of Human Services*

## 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 parents \_\_\_\_\_ birth siblings
- 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 requested confidentiality.*

Adoptive Name: \_\_\_\_\_

Current Name (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Adoption: \_\_\_\_\_

Names of Adoptive Parents: \_\_\_\_\_

Town of Residence When Adopted: \_\_\_\_\_

Your Current Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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, 280 State Drive, Waterbury, VT, 05671-1030*

Adoptee'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.**

Mail completed & notarized form to: **Vermont Adoption Registry, 280 State Drive, Waterbury, VT, 05671-1030**