



Request for Identifying Information and Disclosure of Identifying Information Form

☐ I request to receive from the Vermont Adoption Registry any available identifying information about my biological/former parents.

I hereby make the following statement about the release of identifying information to my biological/former family:

☐ I **consent** to the release of this information to:

- ☐ biological/former parents
☐ biological/former 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 requested confidentiality.*

ADOPTED PERSON

Name at Adoption:

Current Name:

Date of birth (mm/dd/yyyy):

Date of Adoption (mm/dd/yyyy):

Town of Residence when adopted: (city/state):

Name of Adoptive Parents:

YOUR CONTACT INFORMATION

Phone:

Email:

Mailing
Address:

The below information is for administrative purposes only and will not be disclosed:

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

Requestor Signature:

Sworn before me at:

on this day of

20

Notary Signature:

My commission expires on:

Note to Notary: Please use stamp or seal.

Mail your completed and notarized form to:

Vermont Adoption Registry, HC1 North, Bldg. B, 280 State Drive, Waterbury, VT, 05671-1030.