



## Request for Identifying Information and Disclosure of Identifying Information Form:

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

As the direct descendant of an adopted person who is now deceased, I hereby make the following statement about the disclosure of identifying information to **the adopted person's former family:**

- ☐ I **consent** to the release of identifying information about the adopted person  
☐ I **do not consent** to the release of identifying information about the adopted person  
☐ I **consent** to the release of identifying information about me  
☐ I **do not consent** to the release of identifying information about me

*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 Death (mm/dd/yyyy):

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

Name of Adoptive Parents:

### REQUESTOR CONTACT INFORMATION

Name:

Relationship to Adopted Person:

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 along with a copy of your birth certificate and a copy of the adopted person's death certificate to:**

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