

Contact Preference for Biological/Former Parents of Adopted Persons

Use this form to share your preference for contact with a person freed for adoption who was born in Vermont. We'll share your wishes with them should they request a copy of their pre-adoption birth certificate available to them at age 18 (or emancipation or their direct descendants). You may change your preference at any time by filing another form. Upon filing with the Registry, the contact preference form shall be confidential and exempt from public inspection and copying under the Public Records Act pursuant to section 6-102 of Title 15A. *Filing a form does not guarantee that you will not be contacted directly.*

ADOPTED PERSON	
Name on original birth certificate:	
Date of birth (mm/dd/yyyy):	Sex at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of birth (city/state):	

PARENTS LISTED ON ORIGINAL BIRTH CERTIFICATE		
PARENT 1: Full name:	Is this you? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Biological/Former Mother <input type="checkbox"/> Biological/Former Father
PARENT 2: Full name:	Is this you? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Biological/Former Mother <input type="checkbox"/> Biological/Former Father

PREFERENCE FOR CONTACT WITH THE ADOPTED PERSON
<input type="checkbox"/> I prefer to be contacted directly. <input type="checkbox"/> I prefer to be contacted through an intermediary such as the Vermont Adoption Registry. <input type="checkbox"/> I prefer not to be contacted at this time.

YOUR CONTACT INFORMATION		
Current Name:	Phone:	Email:
Address:		
Any additional information you'd like us to share with the adopted person (please use back if needed):		

Signature

Date

Mail your completed form to:
 Vermont Adoption Registry, HC1 North, Bldg. B, 280 State Drive, Waterbury, VT, 05671-1030.