

Request for Non-Identifying Information Form

ADOPTED PERSON/DESCENDANT OF ADOPTED PERSON, NOW DECEASED	
Name of Adopted Person:	
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:	

BIOLOGICAL/FORMER PARENT, GRANDPARENT OR SIBLING	
Name(s) of Biological/ Former Parent:	Date of birth (mm/dd/yyyy):
Name(s) of Grandparent:	Date of Birth (mm/dd/yyyy):
Name(s) of Sibling:	Date of Birth (mm/dd/yyyy):
Name of Adopted person, at birth:	
Date of Birth of Adopted person (mm/dd/yyyy):	
Place of Birth:	

PARENT BY ADOPTION	
Name/Current Name of Adopted Person:	Date of birth (mm/dd/yyyy):
Name/Current Name of Parent(s) by Adoption:	Date(s) of birth (mm/dd/yyyy):
Date of Adoption (mm/dd/yyyy):	Finalizing Court:
Town of Residence when adopted: (city/state):	

REQUESTOR INFORMATION	
Name:	Relationship to Adopted Person:
Phone:	Email:
Mailing Address:	
Requestor Signature:	Date:

Mail your completed form and include a legible and enlarged -if possible- copy of your valid government issued photo identification to:
Vermont Adoption Registry, HC1 North, Bldg. B, 280 State Drive, Waterbury, VT, 05671-1030.

