

Disclosure of Identifying Information Form (Sibling):

I hereby make the following statement about the disclosure of identifying information to <u>my sibling who was adopted:</u>	
<input type="checkbox"/>	I consent to the release of this information.
<input type="checkbox"/>	I do not consent to the release of this information.
<i>I understand that a judge may decide to release this information for important reasons (e.g. medical) even though I requested confidentiality.</i>	

ADOPTED PERSON	
Name at Birth/Pre-Adoption Name:	
Date of birth (mm/dd/yyyy):	Place of Birth (city/state):
Former Parent's Name(s):	
Former Parent's Date(s) of Birth:	

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, and a copy of your birth certificate showing your common parent with the adopted person, to:

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