

Department for Children and Families Family Services Division

Vermont Adoption Registry 103 S. Main Street Waterbury, VT 05671-1030 www.dcf.vt.gov/fsd [phone] 802-241-0906 [fax] 802-241-0914 Agency of Human Services

Statement About The Release Of Identifying Information

I hereby make the following statement about the release of identifying information to my sibling who was

adopted: I **consent** to the release of this information. 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. Adoptee's Birth/Former Name: Date of Birth: _____ Place of Birth: Former Parent's Name(s): _____ Former Parent's Date of Birth: Sibling's Name (i.e. your name): Previous Name(s): ____ Your Current Address: Email:) ______ Date of Birth: _____ Phone: (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. Sibling's Signature ____ Sworn before me at ______ on this _____ day of _____ 20___ My commission expires on

Note to Notary: Please use stamp or seal.

Mail completed & notarized form to: Vermont Adoption Registry, 280 State Drive, Waterbury, VT, 05671-1030

Notary Public