

BIRTH PARENT AUTHORIZATION TO RELEASE INFORMATION and REQUEST CONTACT FORM

Completing this form is voluntary, however we encourage you to provide as much information as you can. You may choose to 1) release information that will identify you to your birth child or their family, or 2) contact with specific individuals. Please type or print in black or blue ink. Each birth parent who reports information must complete a separate form for each child placed for adoption. If you don't know or are unsure about an answer, leave it blank.

Please check the appropriate choice below:

- I am providing family information for the first time. I am updating family information previously submitted.

Please indicate your relationship to the child for whom you are completing this information

- Birth Mother Birth Father

REGISTRATION INFORMATION**I. Birth Parent's Personal Information**

BIRTH PARENT'S NAME (First, Middle, Last)	PREVIOUS NAMES Include Maiden Name, Nickname, Aliases (First, Middle, Last)		
DATE OF BIRTH (MM/DD/YYYY)	(AREA CODE) DAYTIME TELEPHONE		
	()		
STREET ADDRESS	CITY	STATE	ZIP

II. CHILD'S INFORMATION

CHILD'S CURRENT NAME		CHILD'S NAME RECORDED ON ORIGINAL BIRTH CERTIFICATE (First, Middle, Last)		
DATE OF BIRTH (MM/DD/YYYY)		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PLACE OF BIRTH	COUNTY	CITY / MUNICIPALITY	STATE	HOSPITAL (if applicable)
WHERE PARENTAL RIGHTS WERE TERMINATED (City/County, State)			DATE PARENTAL RIGHTS WERE TERMINATED (MM/DD/YYYY)	

AUTHORIZATION TO RELEASE IDENTIFYING INFORMATION

You may select as many or as few of the choices listed below as you wish. I agree to release **identifying** information to the individuals checked below:

- My birth child (when he or she turns 18) My birth child's birth grandparents provided my birth child is at least 21 or is adjudicated incapacitated or deceased
- My birth child's adoptive parents My birth child's birth siblings if both are 21
- My birth child's legal guardian
- My birth child's descendants

Even if you choose to release identifying information to your birth child, you may specify that you do or do not wish **contact**.

- I wish to have contact with my birth child. I do not wish to have contact with my birth child.

I understand that by my signature below, I am agreeing to the release of identifying information to the people checked above. I may change this consent at any time by updating this form.

Signature of Birth Parent		Date	
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