

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Docket No.

In re Adoption of:

STATEMENT OF DISCLOSURE OF IDENTIFYING INFORMATION

I make the following statement regarding the release of information to the child named below:

(check one box only)

- ☐ I consent to the release to my child of my identifying information including my name and address, should my child request that information after the age of 18 or emancipation.
- ☐ I request that my name and address be kept confidential. I understand that a judge may decide to release this information for very important reasons (including, but not limited to medical reasons) even though I have requested confidentiality.

I understand that I may change my mind about the choice I have made at any time prior to the release of identifying information by contacting the Adoption Registry, 103 South Main Street, Waterbury, VT 05671-2401.

Information about Child:

Child's Full Name: _____

Date of Birth: _____ Time of Birth: _____

Place of Birth (town, state, country): _____

My Information:

Full Name: _____

Date of Birth: _____ Time of Birth: _____

Place of Birth (town, state, country): _____

Driver's License #: _____ Social Security #: _____

Mailing Address: _____

I swear or affirm that the facts set forth in this petition are true and correct to the best of my knowledge and belief.

On: _____
Date

Signature of Parent

At: _____
City, County and State

Printed Name

Signed and sworn to before me:

Date	Signature of Notary Public	Expiration Date
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