

ADOPTIVE PARENT(S)' RELEASE OF IDENTIFYING INFORMATION

RECEIPT OF BIRTH PARENT'S IDENTIFYING INFORMATION

- I/we do not want to receive identifying information that the birth parents may have provided about themselves.
- I/we want to receive identifying information that the birth parents may have provided about themselves.
- I/we want to receive **all** identifying information that the birth parents have provided.
- I/we want **only the following** identifying information the birth parents have provided. I/we understand that the birth parents must have agreed to provide the information.

RELEASE OF IDENTIFYING INFORMATION TO THE BIRTH PARENT(S) ABOUT THE ADOPTIVE PARENT(S)

- I/we do not want to release identifying information about me/us to the birth parent(s).
- I/we agree to release the following identifying information about me/us to the birth parent(s). I/we understand that the birth parent(s) may not have agreed to release identifying information about themselves or may not have agreed to release the same type of information.

Complete **information about yourself** that you want released to the birth parent(s). Each adoptive parent must sign and date this release.

Name of Child to be Adopted _____

Date of Birth _____ Birthplace _____

Name of Adoptive Parent _____

Date of Birth _____ Birthplace _____

Name of Adoptive Parent _____

Date of Birth _____ Birthplace _____

Adoptive Parents' Address
(No., Street, City, State, ZIP) _____

Adoptive Parents' Phone No.
(Home) _____ (Work) _____

List below or attach any information which you want to have released to the birth parent(s).

See reverse for EOE/ADA disclosure

I/we received a copy of the Birth Parent’s Release of Identifying Information (FC-174) or the information that was available which I/we requested above, completed by the birth parent(s).

Adoptive Father’s Signature _____ Date _____

Adoptive Mother’s Signature _____ Date _____

Witness’ Signature _____ Date _____
(Agency’s Representative)

SUBSCRIBED AND SWORN before me on this _____ day of _____ 20 _____

My commission expires _____
Date _____ *Notary Public* _____

Address (Street, No., City, State, ZIP)

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