

MONTGOMERY COUNTY BIRTH PARENT AUTHORIZATION TO RELEASE INFORMATION and REQUEST CONTACT FORM

Completing this form is voluntary. If you choose to complete it, please return it to the address below.
 You may choose to (1) release information that will identify you to your child or their family OR (2) provide only non-identifying information that will not identify you. You may also choose to authorize only specific individuals to contact you. Identifying information will include names and contact information.

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 type or print in black or blue ink

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 (Identifying) Information				
BIRTH PARENT'S NAME		MAIDEN NAME (if applicable)		
DATE OF BIRTH (MM/DD/YYYY)		SOCIAL SECURITY #		
STREET ADDRESS		CITY	STATE	ZIP
PHONE NUMBER				

II. Child's Information

CHILD'S CURRENT NAME		CHILD'S NAME ON ORIGINAL BIRTH CERTIFICATE		
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:

- | | |
|---|---|
| <input type="checkbox"/> My child (when he or she turns 18) | <input type="checkbox"/> My child's descendants (e.g. My child's children) |
| <input type="checkbox"/> My child's adoptive parents | <input type="checkbox"/> My child's birth siblings if everyone is at least 21 |
| <input type="checkbox"/> My child's legal guardian | |

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

- I wish to have contact if my child so chooses. I do not wish to have contact with my child.

I understand that by signing below, I am agreeing to the release of my identifying information to the people checked above. I may change this consent at any time by updating this form with Montgomery County Orphans' Court.

Signature of Birth Parent		Date	
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