

Adoptive Parent Application for Disclosure

Mail the notarized application to:

Virginia Department of Social Services (VDSS) - 5600 Cox Rd - Adoption Unit, - Glen Allen, Virginia 23060

1. ADOPTIVE PARENT'S INFORMATION (applicant)

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Date of Birth (Month/Date/Year) _____ **Telephone Number:** _____ **Email Address:** _____

Current Mailing Address: _____

Providing the following information is voluntary.
Gender: Male Female Other Prefer not to Answer
Ethnicity: Hispanic/Latino Not Hispanic/ Latino
Race: White Black/African American Asian American Indian/Alaskan Native
 Native Hawaiian/ Other Pacific Islander Other/Unknown: _____

OTHER ADOPTIVE PARENT'S INFORMATION (if applicable)

First Name: _____ **Middle Name:** _____ **Last Name:** _____

2. ADOPTEE'S INFORMATION

First Name: _____ **Middle Name:** _____ **Last Name:** _____ **Date of Birth:** _____

3. TYPE OF INFORMATION REQUESTED [indicate by "X"] You may choose any or all options that apply.

I wish to obtain non-identifying information [indicate by "X"] Non-identifying information in the adoption record but with the birth family names and information that may lead to their identity removed. This may be helpful if the request for identifying information is unsuccessful.
 Birth Family Adoptive Family Medical
 All Final Order Other: _____

I wish to obtain identifying information through a search: Identifying information is the information that will lead to the identity of a person, which may include names or contact information. The purpose of the search is to attempt to locate the adoptee's birth family members and determine if they consent to have their identifying information released to you.
 Birth Mother Birth Father Adult Birth Siblings
 Other relatives: _____

NOTE: A search for birth family members can only occur when the adoption was finalized on or after July 1, 1994 and the adoptee is a **minor** child. If the adoptee is an adult, the adoptee must submit an Adoptee Application for Disclosure to search for birth family members.

4. ADDITIONAL INFORMATION **5. GOOD CAUSE**

Check if additional pertinent information is on a separate page. **What additional information do you have that could assist in your request? (e.g. birth name, previous search):** _____

Check if additional pertinent information is on a separate page. **Good cause as to why the information should be made available to you:** _____

Once your application is submitted to VDSS, the agency that was initially involved in your adoption will be designated to conduct the search. You will be given the agency's name and contact information within 30 days of the date your application is received. The agency has 90 days to conduct the search. Additional time can be granted to complete the search. Once the search is complete, the agency will send a report to VDSS with a recommendation about whether to grant or deny the application. If your application is denied, or if VDSS fails to designate an agency to conduct the search within 30 days of receipt of the application, you have the right to petition the court for disclosure. If you are a Virginia resident, you may petition the circuit court in the county or city where you reside. If you live out of state, you must petition the Richmond City Circuit Court. VDSS must be made a party to your petition.

By completing this application, you, hereby apply to the Commissioner of the Virginia Department of Social Services (VDSS) for disclosure of information from the closed adoption record pursuant to the Code of Virginia §§ 63.2-1246 and 63.2-1247.

6. SIGNATURE OF APPLICANT (Must be signed in front of a Notary Public)

Signature of Applicant _____

City/County of _____

Commonwealth/State of _____

Subscribed and sworn to before me on this _____ **day of** _____ **in the year** _____.

Notary Public Signature _____ Notary Seal

My Commission Expires _____

Office Use:
Adoption Case Number : _____ **CPA:** _____ **CMT:** _____