

Relative Update to an Adoption Record

I. INSTRUCTIONS

Any member of the birth family has the right to send letters to the Virginia Department of Social Services (VDSS) to be included in the adoption record.

Complete all information accurately. If information is unknown, write "unknown" in the section. Failure to complete all information may result in a delay in your request. If you are attaching additional information, you will need to list the type of attachments in the area provided for you.

Mail the notarized form to Virginia Department of Social Services
Adoption Unit, 11th Floor
801 East Main Street
Richmond, Virginia 23219

II. RELATIVE INFORMATION

First Name:

Middle Name:

Last Name:

Date of Birth:

Address:

Telephone Number:

Email:

Relationship to Adoptee (i.e. Birth Mother, Birth Father, Siblings, Aunt, Uncle, etc)

Do you have verification of relationship? Yes No

If yes, what type of verification (birth certificate, obituary, marriage certificate)

III. ADOPTEE INFORMATION

Adoptee's Name at Birth:

Date of Birth -or

Approximate Age:

Birth Mother's Name:

Birth Father's Name:

Additional Information:

IV. UPDATED INFORMATION

List the type of information that will be added to the adoption record, i.e. letter, medical information (must be verified by a physician), contact information

V. SIGNATURE

I hereby certify that the information contained on this form is true, accurate, and complete to the best of my knowledge. The information provided on this form may be disclosed in accordance with Code of Virginia §§ 63.2-1246 and 63.2-1247.

Signature: _____

VI. CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this ____ day of _____, year _____

Notary Public Signature

Notary Number

My Commission Expires: _____

Notary Seal