

Adoptee Application for Disclosure

Mail the notarized application to:

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

1. ADOPTEE'S INFORMATION		
First Name:	Middle Name:	Last Name:
<i>Your name if it is different from above (e.g. maiden)</i>		
First Name:	Middle Name:	Last Name:
Date of Birth (Month/Date/Year):	Telephone Number:	Email Address:
Current Mailing Address:		
<i>Providing the following information is voluntary.</i>		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to Answer		
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/ Latino		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other/Unknown: _____		
2. ADOPTIVE PARENT'S INFORMATION		
First Name:	Middle Name:	Last Name:
First Name:	Middle Name:	Last Name:
3. TYPE OF INFORMATION REQUESTED [indicate by "X"] You may choose any or all options that apply.		
I wish to obtain non-identifying information <input type="checkbox"/> Birth Family <input type="checkbox"/> Adoptive Family <input type="checkbox"/> Medical <input type="checkbox"/> All <input type="checkbox"/> Final Order <input type="checkbox"/> Other: _____		Non-identifying information is the information in the adoption record but with birth family members names and any information that may lead to the identity of the birth family members removed. This information is helpful if a request for identifying information is unsuccessful.
I wish to obtain identifying information through a search: <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Adult Birth Siblings <input type="checkbox"/> Other relatives: _____		Identifying information is the information that will lead to identity of a person, which may include names or contact information. The purpose of the search is to attempt to locate birth family members and determine if they consent to have their identifying information released to you.
4. ADDITIONAL INFORMATION		5. GOOD CAUSE
<input type="checkbox"/> 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):		<input type="checkbox"/> 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.		
<i>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.</i>		
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 _____		
<i>Office Use:</i>		
Adoption Case Number : _____ CPA: _____ CMT: _____		