

# ADULT FORMER SIBLING STATEMENT TO RELEASE INFORMATION TO ADULT ADOPTEE

Michigan Department of Health and Human Services  
Central Adoption Registry

- A new statement may be sent to the Central Adoption Registry any time to withdraw a previous consent or to withdraw a previous denial. Release of identifying information will be based on the most recent statement on file in the Central Adoption Registry.
- A sibling giving consent should send to the Central Adoption Registry a new statement if either his/her name or address changes.
- A separate form must be filled out for each sibling for whom you are giving consent/denial.
- Send this original form and copy of approved photo identification to the Central Adoption Registry address below:

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTRAL ADOPTION REGISTRY  
PO BOX 30037  
LANSING MI 48909

I state that I am the <input type="checkbox"/> <b>brother</b> <input type="checkbox"/> <b>sister</b> of the child described below.
I hereby <input type="checkbox"/> <b>give consent</b> <input type="checkbox"/> <b>do not give consent</b> to the release of my name and address to this child when he/she is 18 years of age or older.
<input type="checkbox"/> A copy of an approved photo identification is included with this form. (Example: Current driver's license, current state issued photo identification or current student photo id)

### CHILD INFORMATION:

Child's Full Name at Birth		Child's Birth Date (Month/Day/Year)
Child's City of Birth	Child's County of Birth	Child's State of Birth

### COMMON BIRTH PARENT INFORMATION (If known):

Current Name of Birth Mother	Birth Date (Month/Day/Year)
Mother's Name When Parental Rights Were Released or Terminated	
Name of Birth Father	Birth Date (Month/Day/Year)

### SIBLING INFORMATION:

My Current Name	Birth Date (Month/Day/Year)	Phone No.	
Name at Time Parental Rights Were Released or Terminated, if Different			
Current Address (Street Number and Name)	City	State	Zip Code
Email			
Brother/Sister Signature			Date Signed

**AUTHORITY:** P.A. 288 of 1939, as amended, MCLA-710.27(5)  
**COMPLETION:** Voluntary.  
**PENALTY:** None

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

**DISTRIBUTION:** ORIGINAL - Michigan Department of Health and Human Services  
Central Adoption Registry  
PO Box 30037  
Lansing, Michigan 48909  
COPY - Sibling's File Copy

FOR OFFICE USE ONLY

Birth Date (Month/Day/Year)

Adoptee's Birth Name (Last, First, Middle)