

RELEASE OF INFORMATION TO ADULT ADOPTEE BY BROTHER/SISTER AS PROXY FOR DECEASED PARENT

Michigan Department of Health and Human Services
CENTRAL ADOPTION REGISTRY

INSTRUCTIONS:

- A separate statement must be completed for each child/adoptee.
- This form **MUST** be accompanied by a copy of the death certificate of the deceased parent.
- Send a new statement to the Central Adoption Registry if your name or address changes.

- Send this original form and copy of an 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 biological **brother** **sister** of the child described below. Our biological parent is deceased and the death certificate is enclosed. In accordance with Michigan Compiled Laws Annotated 710.27, I hereby give consent to the release of our deceased parent's name to this child when he/she is 18 years of age or older.

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).

INFORMATION ABOUT THE CHILD:

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

INFORMATION ABOUT DECEASED BIOLOGICAL PARENT:

Deceased Parent's Name When Parental Rights Were Released or Terminated

INFORMATION ON BIOLOGICAL BROTHER/SISTER WHO IS CONSENTING TO RELEASE OF INFORMATION:

My Current Name			My Birth Date (Mo., Day, Yr.)	
My Name at Time Parental Rights Were Terminated, If Different				
Address (Street Number and Name)			Apartment or Lot Number	
City	State	Zip Code	Telephone Number	
Email				
Brother/Sister Signature			Date	

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.

AUTHORITY: MCLA 710.68.
COMPLETION: Voluntary.
PENALTY: None

DISTRIBUTION: ORIGINAL - Michigan Department of Health & Human Services
Central Adoption Registry
PO Box 30037
Lansing, Michigan 48909
COPY - Keep for your records.

For Office Use Only
Adoptee's Birth Name (Last, First, Middle)
Birth Date