

PARENT'S CONSENT/DENIAL 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 parent 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 child for whom you are giving consent/denial.
- Send this original form and a 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 <input type="checkbox"/> father <input type="checkbox"/> mother of the child described below.
I hereby <input type="checkbox"/> give consent <input type="checkbox"/> do not give consent* to the release of my name and address to this child when he/she is 18 years of age or older. (*If the denial box is checked, the parent may provide an explanation as to why he/she does not wish to release name and address). Reason:
<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 (Mo., Day, Yr.)
Child's City of Birth	Child's County of Birth	Child's State of Birth
Child's Birth Mother's Name When Parental Rights were Released or Terminated		

PARENT INFORMATION:

My Current Name		My Birth Date (Mo., Day, Yr.)
My Current Address (Street Number and Name)		Apartment or Lot Number
City	State	Zip Code
Telephone Number	Email	
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
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DISTRIBUTION: ORIGINAL - Michigan Department of Health and Human Services
Central Adoption Registry
PO Box 30037
Lansing, Michigan 48909
COPY - Keep for your records.

FOR OFFICE USE ONLY

Birth Date

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