

Adoptee Application for Disclosure

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

1. ADOPTEE'S INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Your name if it is different from above (e.g. maiden)
First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth (Month/Date/Year): _____ Telephone Number: _____ Email Address: _____

Current Mailing Address: _____

2. ADOPTIVE PARENT'S INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

First Name: _____ Middle Name: _____ Last Name: _____

3. TYPE OF INFORMATION REQUESTED

I wish to obtain non-identifying information [indicate by "X"]
 Birth Family Adoptive Family Medical
 All Other: _____
Non-identifying information is generally defined as information in the adoption record that may include legal documents and placement information, but does not identify the birth family. Information provided will have birth family names and trace information removed.

I wish to obtain identifying information through a search:
 Birth Mother Birth Father
 Adult Birth Siblings
 Other relatives: _____
Identifying information is the information that will lead to the 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 Check if additional pertinent information is on a separate page.

What additional information do you have that could assist with your request? (e.g. birth name, previous search)

5. GOOD CAUSE 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 will petition the circuit court in the county or city where you reside. If you live out of state, you will petition the Richmond City Circuit Court. VDSS must be made a party to your petition.

By completing this application, you, hereby apply to the Commissioner of the Virginia Department of Social Services for disclosure of information from the closed adoption record pursuant to the Code of Virginia §§ 63.2-1246 and 63.2-1247.

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 _____

Office Use:
Adoption Case Number: _____ Previous Search Date: _____ Outcome: _____