

# Adoptive Parent Application for Disclosure

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

## 1. ADOPTIVE PARENT'S INFORMATION

First Name:	Middle Name:	Last Name:
First Name:	Middle Name:	Last Name:
Telephone Number:	Email Address:	
Current Mailing Address:		

## 2. ADOPTEE'S INFORMATION

First Name:	Middle Name:	Last Name:	Date of Birth:
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## 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 which 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 the adoptee's birth family members and determine if they consent to have their identifying information released to you.

**NOTE:** A search for birth family members can only occur when the adoption was finalized on or after July 1, 1994 and the adoptee is a **minor** child. If the adoptee is an adult, the adoptee must submit an Adoptee Application for Disclosure to search for birth family members.

## 4. ADDITIONAL INFORMATION

Check if additional pertinent information is on a separate page.

What additional information you may have that could assist in 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 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.

**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.**

## 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: \_\_\_\_\_