

# PARENT'S CONSENT/DENIAL TO RELEASE INFORMATION TO ADULT ADOPTEE

Michigan Department of 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 the original copy to the Central Adoption Registry, address below:  
MICHIGAN DEPARTMENT OF HUMAN SERVICES  
CENTRAL ADOPTION REGISTRY  
PO BOX 30037  
LANSING MI 48909

I state that I am the <input type="checkbox"/> <b>father</b> <input type="checkbox"/> <b>mother</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.  (*If the denial box is checked, the parent may provide an explanation as to why he/she <b>does not</b> wish to release name and address). Reason:

**CHILD INFORMATION:**

Child's Full Name at Birth (Last, First, Middle)		Child's Birth Date (Month/Day/Year)
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 (Last, First, Middle)		

**PARENT INFORMATION:**

My Current Name (Last, First, Middle)		My Birth Date (Mo., Day, Yr.)	
My Current Address (Street Number and Name)			Apartment or Lot Number
City	State	Zip Code	Telephone Number (     )
Signature			Date

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.	AUTHORITY: MCLA 710.68. COMPLETION: Voluntary. PENALTY: None
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DISTRIBUTION: ORIGINAL - Michigan Department of Human Services  
Central Adoption Registry  
P.O. Box 30037  
Lansing, Michigan 48909  
COPY - Keep for your records.

FOR OFFICE USE ONLY

Birth Date

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