

**FORM 127. STATEMENT OF DISCLOSURE OF IDENTIFYING INFORMATION**

STATE OF VERMONT  
DISTRICT OF \_\_\_\_\_, SS

PROBATE COURT  
Docket No. \_\_\_\_\_

IN RE THE ADOPTION OF \_\_\_\_\_

**STATEMENT OF DISCLOSURE OF IDENTIFYING INFORMATION**

I hereby make the following statement regarding the release of my name and address to my child should he or she request that information after the age of 18 or emancipation.

\_\_\_\_\_ I consent to the release of identifying information.

\_\_\_\_\_ I request that my name and address be kept confidential. I understand that a judge may decide to release this information for very important reasons (i.e., medical reasons) even though I have requested confidentiality.

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

I understand that I may change my mind about the choice I made above at any time prior to the release of identifying information by contacting the Adoption Registry, 103 South Main Street, Waterbury, VT 05671-2401.

Parent's full name: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Driver's Licence #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Sworn before me at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ My commission expires on \_\_\_\_\_

Notary Public