FORM 137. STATEMENT OF ADOPTIVE PARENT EXPENSES

STATE OF VERMONT
DISTRICT OF _____
IN RE ADOPTION OF:_____

PROBATE COURT
DOCKET NO: _____

Adoptive Parent Expenses 15A V.S.A. § 3-702			Child's Name:	
Name(s):				
Address:			Birthparents' Names (if known):	
Telephone #:				
Date	**Name of Recipient**	**Address of Recipient**	**Purpose of Payment**	**TOTALS**

I/we swear and affirm that the expenses listed above are the only disbursements we have made in connection with the adoption of the child listed above.

Signed: _____ _____
Adoptive Parent Date

Signed: _____ _____
Adoptive Parent Date

Sworn before me on _____ in _____ in the County of _____, State of _____.

_____ My commission expires on: _____
Notary Public