## **STATE OF VERMONT**

## **SUPERIOR COURT**

Unit

## **PROBATE DIVISION**

Docket No.

	In re Ad	doption of:										
ADOPTIVE PARENT EXPENSES 15A V.S.A. § 3-702  Name(s): Address:				Child's Name:  Birthparents' Names (if known):								
							elephone #	:				
Date	Name of Recip	oient	Address of Recipient	Purpose	of Payment TOTALS							
Ve swear and	l affirm that the expen	nses listed above are	the only disbursements we have made	in connection with the adoption of the	e child listed above.							
Date		Signature of Adoptive Parent		 Date	Signature of Adoptive Parent							
gned and sworn to before me:		Date	Signature of Notary Public	Expiration Date								