pennsylvania
DEPARTMENT OF HUMAN SERVICES

Instructions:

You may choose to withdraw your authorization to release identifying information at any time. Please provide as much information as you know. Type or print in black or blue ink.

Please check the appropriate choice. I am one of the following:

☐ **Adoptee at least 18**

☐ **Adoptive Parent of an adoptee under 18 or who is adjudicated incapacitated or deceased.**

☐ **Birth Parent**

☐ **Birth Parent Survivor***

*Birth Parent Survivor includes the deceased birth parent's spouse, parent, sibling, child (birth, adoptive and stepchild), grandchild, aunt, uncle, children of aunts and uncles if no other relatives survive and children of grandchildren if no other relatives survive.

I. ADOPTEE'S INFORMATION

CURRENT NAME (Last, First, Middle)	CHILD'S NAME AS RECORDED ON ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)		

DATE OF BIRTH (mm/dd/yyyy)		GENDER	☐ MALE ☐ FEMALE

PLACE OF BIRTH	COUNTY	CITY/MUNICIPALITY	STATE	HOSPITAL (if known)

LOCATION WHERE ADOPTION WAS FINALIZED (City/County/State)	DATE ADOPTION WAS FINALIZED (mm/dd/yyyy)

CURRENT STREET ADDRESS	CITY	STATE	ZIP CODE

II. BIRTH PARENT'S INFORMATION

BIRTH PARENT'S NAME (Last, First Middle)	PREVIOUS NAMES (Include maiden name, nicknames, aliases. Last, First, Middle)		

DATE OF BIRTH (mm/dd/yyyy)	(AREA CODE) DAYTIME TELEPHONE		

STREET ADDRESS	CITY	STATE	ZIP CODE

III. BIRTH PARENT SURVIVOR'S INFORMATION

NAME (Last, First Middle)	DATE OF BIRTH (mm/dd/yyyy)

STREET ADDRESS	(AREA CODE) DAYTIME TELEPHONE

city	STATE	ZIP CODE

P.O. Box 959, Camp Hill, PA 17001-0959 | 1.800.227.0225 | www.adoptpakids.org
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DEPARTMENT OF PUBLIC WELFARE

IV. ADOPTIVE PARENT'S INFORMATION

Adoptive parent may submit a withdrawal of a previous authorization for the release of information for their child who is under 18 or one who was adjudicated incapacitated or who is deceased.

ADOPTIVE PARENT'S NAME (Last, First Middle)	MAIDEN NAME (If applicable)		
DATE OF BIRTH (mm/dd/yyyy)	**(AREA CODE) DAYTIME TELEPHONE**		
STREET ADDRESS	**CITY**	**STATE**	**ZIP CODE**

WITHDRAWAL OF CONSENT TO RELEASE INFORMATION

☐ **I hereby withdraw my authorization to release Identifying Information.**
(Identifying information includes names and contact information)

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (section 4904 of the Pennsylvania Crimes Code).

SIGNATURE		DATE	

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