

Waiver of Confidentiality – For Birthparents

This sample is copied from *The Adoption Searchbook: Techniques for Tracing People* by Mary Jo Rillera on page 114, and was based on one originally draw up by Emma May Vilardi.

AFFIDAVIT RE: WAIVER OF CONFIDENTIALITY

TO WHOM IT MAY CONCERN:

I, (present identity) nee' (birthname), aka (name used to sign surrender)
of (street, city, state) do state that:

I, _____ did on (month/day/year) at (hospital of birth), (hospital address)
(city, state) did give birth to (male/female) which I named (did not name)
(birthname of child). That I, under the name of _____ did
on approximate date of _____ consent to (surrendered) by signature to
(name and address of placing agency/intermediary/adopting parents) grant the
legal right to said parties to place my child, (child's name) for adoption.

**I, _____ did on (month/day/year) at (address) surrender my parental
rights by signature to (name of placing agency or other intermediary) of
(address) and grant the legal right to said parties to place my child
for adoption.

**I, _____ did not participate in the signing of any documents of
surrender, consent or relinquishment to release my (son/daughter) for adoption
or grant to anyone the legal right to place my child. But, the mother of this
child (give full name of mother) was to have surrendered her parental rights to
(name of agency, intermediary) (Address).

I, (present name), hereby state that I waiver all rights of Confidentiality
extended to self under past and present identity, granted to me by the
Statutes of the State of _____, known court of jurisdiction thereof, and
the (placing agency, person) and to my child (name at birth) in his/her present
adoptive identity. That access to these confidential records is to include
all court, and placing agency records, all social-medical-biological history
and heritage, pertaining to self, together with my past and present identity,
and the identity of my child by birth. This Waiver of Confidentiality and right
to privacy is extended solely to my child and none other. Permission is granted to
the holder of this Waiver to furnish a photo-copy of this transcript to my child,
and this to be regarded as full consent, for the release of the original birth
certificate.

**OPTIONAL - I hereby submit (documents, history, record, paternity order,
photos) to be added to my child's file, the same to be shared with him/her
upon request.

**OPTIONAL - permission is granted, but limited to medical information supplied
herein to be shared with the adoptive parents of said child for the overall
of my child in minority or majority. This includes the right of the agency
to make contact with me for up-dates or added information that the adoptee or
adoptive parents may request.

**OPTIONAL - This waiver of confidentiality and right to privacy is also
extended to (the adoptive parents of said child) (siblings of said child).

Signature

Name _____
Address _____
City, State, Zip _____

Dated: _____
NOTARY: _____