Catholic Charities of the Archdiocese of Dubuque

Waiver of Confidentiality for Adoptee
(To be completed by the Adoptee only)

I, _____, last name by adoption _____

Address_____
(Street) (City) (State) (Zip)

Telephone (___)_____ Email _____

First and last names of adoptive parents_____

do swear on oath as follows:

I was born,_____in the city of_____,
(month/day/year)
county of_____, state of_____. My birth

is recorded and amended under law as state file number:_____
(complete if known)
filed on_____.
(month/day/year)

I waive all rights of confidentiality extended to self under past and present identity, that is granted to me under the Adoption Statues of the State of Iowa, the known court of jurisdiction thereof, and to Catholic Charities and its intermediary, Joyce Connors, and also to the hospital of birth _____, and finally to the Department of Public Health,
(if known)
State of Iowa, recorded by adoption. This waiver of confidentiality and right of privacy is extended solely to my parents by birth, siblings by birth, grandparents by birth and to none other, and only after due notification to self that such information has been requested, and the degree of relationship has been established.

Permission is granted to the holder of this waiver to furnish a copy of this transcript to those specified, under the conditions described, the same to be regarded as my full legal consent for the release of my present identity, but excluding the identity of adoptive parents and other adoptive next-of-kin under law.

Signed_____ Date:_____
(Adoptee's present identity)

Notary:_____ Date:_____