

Relative Update to an Adoption Record

I. INSTRUCTIONS

Any member of the birth family has the right to send letters to the Virginia Department of Social Services (VDSS) to be included in the adoption record.

Complete all information accurately. If information is unknown, write "unknown" in the section. Failure to complete all information may result in a delay in your request. If you are attaching additional information, you will need to list the type of attachments in the area provided for you.

Mail the notarized form to:

Virginia Department of Social Services (VDSS) - 5600 Cox Rd - Adoption Unit, - Glen Allen, Virginia 23060

II. RELATIVE INFORMATION

First, Middle, Last Name:

Date of Birth:	Address:	Telephone Number:	Email Address:
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Relationship to Adoptee (i.e. Birth Mother, Birth Father, Siblings, Aunt, Uncle, etc.)

Do you have verification of relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of verification (birth certificate, obituary, marriage certificate)?
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Providing the following information is voluntary.

Gender: Male Female Other Prefer not to Answer

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: White Black/African American Asian American Indian/Alaskan Native
 Native Hawaiian/ Other Pacific Islander Other/Unknown: _____

III. ADOPTEE INFORMATION

Adoptee's Name at Birth:	Date of Birth or Approximate Age:
Birth Mother's Name:	Birth Father's Name:

Additional Information:

IV. UPDATED INFORMATION

List the type of information that will be added to the adoption record, i.e. letter, medical information (must be verified by a physician), contact information.

V. SIGNATURE

I hereby certify that the information contained on this form is true, accurate, and complete to the best of my knowledge. The information provided on this form may be disclosed in accordance with Code of Virginia §§ 63.2-1246 and 63.2-1247.

Signature: _____

VI. CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, year _____.

Notary Public Signature

Notary Number

My Commission Expires: _____

Notary Seal

Office Use: VAC # _____ CPA: _____ CMT: _____