

**ADOPTIONS INFORMATION ACT STATEMENT**

Original copy to the California Department of Social Services (CDSS) Adoption Office or California licensed public or private adoption agency file. A copy must be given to birth parent signing this form.

**SECTION A: To be completed by an authorized representative of the CDSS Adoptions Office or a California licensed public or private adoption agency or an Adoption Service Provider (ASP).**

BIRTH PARENT'S NAME

CHILD'S NAME

CHILD'S BIRTHDATE

TYPE OF ADOPTION

 Independent or  Agency: Termination of Parental Rights or  Relinquishment

Original copy will be maintained by:

 CDSS, 744 P Street, M.S. 8-12-31, Sacramento, California 95814 (  this box for ALL Independent Adoptions or Adoptions Office Cases)

-OR-

Name and Address of California Licensed Adoption Agency

**SECTION B: To be completed and signed by the birth parent and witnessed by an authorized representative of the CDSS Adoptions Office, California licensed public or private adoption agency, or an ASP.**

FAMILY CODE SECTIONS 8702 AND 8818 REQUIRE THAT THE FOLLOWING INFORMATION BE PROVIDED TO YOU:

1. It is in the best interest of the child that you as the birth parent keep the CDSS or the California licensed adoption agency whose name and address appear above informed of any health problems that you develop that could affect the child.
2. It is extremely important that you as the birth parent keep your address current with the CDSS or California licensed adoption agency whose name and address appear above in order to permit a response to any inquiries to the CDSS or California licensed adoption agency concerning your medical or social history.
3. The original relinquishment or consent will be filed in the office of the county clerk of the county in which the adoption takes place. It is not open to inspection by any persons except the parties to the adoption proceedings, their attorneys, and the CDSS unless there is an order by the judge of the superior court.
4. Family Code Section 9203 authorizes a person who has been adopted and who has reached the age of 21 to petition the CDSS or the California licensed adoption agency whose name and address appear above to obtain the name and address of his/her birth parent. You may indicate whether or not you wish your name and address to be so disclosed by checking the appropriate box in number six below.
5. You as the birth parent may change your decision at any time as to whether or not you wish your name and address disclosed by sending a notarized letter to that effect, by registered mail, return receipt requested, to the CDSS or the California licensed adoption agency whose name and address appear above.
6. Indicate by checking one of the boxes below whether or not you wish your name and address to be disclosed to your child as outlined in number four above.

 Yes, I want my name and address disclosed. No, I do not want my name and address disclosed. UNCERTAIN AT THIS TIME; WILL NOTIFY AGENCY AT A LATER DATE.

SIGNATURE OF BIRTH PARENT

DATE

SIGNATURE OF A CDSS/LICENSED ADOPTION AGENCY REPRESENTATIVE OR ASP

DATE

**SECTION C: To be completed by a Notary Public ONLY if Section B is not signed by an authorized representative of the CDSS Adoptions Office, California licensed public or private adoption agency, or the ASP. To be completed and signed before a Notary when signed out of the State of California.**

**\*\*COMPLETED BY NOTARY PUBLIC\*\***

The Notary Public must staple the Acknowledgement document to this form and sign and date below:

SIGNATURE OF NOTARY

DATE