

Adoption Search, Contact and Reunion Services
DISCLOSURE VETO FROM AN ADULT ADOPTEE

I, _____, _____ am an adoptee whose adoption was
(Print Current Name) (Social Security Number)

initiated and/or finalized in the State of Maryland and the petition was filed by: *(check one)*

- ___ A Local Department of Social Services in _____ County/City,
- ___ A Private Child Placement Agency *(name)* _____, OR
- ___ An Independent Agent *(attorney's name)* _____

Pursuant to the Section 5-359 of Family Law Article, Maryland Code, my signature below signifies my declaration that I **do not** want my name, address or any other identifying information released to

(Specify name of person, if known, and relationship of the person to you)

My adoptive name is _____ and my adoptive parent(s)

is/are _____. I was born on _____
(Specify Name (s) and include maiden name) (Date of Birth)

to _____ and _____
(Name of Birth Mother, *If Known*) (Name of Birth Father, *If Known*)

My birth name was _____ *(If Known)*.

My current address and phone number: _____

I UNDERSTAND THAT I MAY WITHDRAW THIS DISCLOSURE VETO AT ANY TIME BY NOTIFYING THE SOCIAL SERVICES ADMINISTRATION, IN WRITING, AT:

MARYLAND DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
SEARCH, CONTACT AND REUNION SERVICES
311 West Saratoga Street
Baltimore, Maryland 21201

SIGNATURE

DATE

ADDRESS

HOME PHONE NUMBER

WORK PHONE NUMBER

Notary Public: _____ Date: _____

DHR/SSA 2071 (09/15)

