

Biological Parent Consent Form

Please place this consent form in my birth child's adoption file:

I _____ as biological
mother/father of _____ born: _____

Consent _____ Do Not Consent _____

to the aforementioned child, upon reaching adulthood being allowed to inspect the adoption records pertaining to him/her. I understand that under current law, personal contact information will not be released by the Circuit Court or the Cabinet for Health and Family Services without a court order.

Also, I :

Consent _____ Do Not Consent _____

to the child having personal contact with me upon reaching adulthood. I understand that under current law, personal contact information will not be released by the Circuit Court or the Cabinet for Health and Family Services without a court order.

I understand that copies of this document will be filed in the records of the Cabinet for Health and Family Services and in the circuit court records of the adoption. I also understand that this consent/denial of consent is valid until revoked or altered by me.

Name: _____

Address: _____

City/State/Zip: _____

Phone Number with area code: _____

E-mail address: _____

Social Security number: _____

Signature and date: _____

**Please notify the Cabinet for Health and Family Services
with any address or phone number changes.**

**Mailed to: Cabinet of Health & Family Services, Adult Adoption Services,
275 E Main St – 3rd Floor, Frankfort, Ky 40601**