



Biological Parent's Consent and Contact Preference Form

SC Code of Laws 44-63-140 allows the biological parent to provide a contact preference and medical history form that may be provided to the adoptee after they reach the age of 18 along with a non-certified copy of the original birth certificate. The Contact Preference Form is considered a private communication from the biological parent to the adoptee and no copies of this form will be given to anyone other than the adoptee.

I am the: _____ Birth Mother _____ Father / Second Parent

- I consent to the release of the original birth certificate and all documents contained in the "sealed file."
- I do not consent to the release of the original birth certificate and all documents contained in the "sealed file."

Signature: _____ Date: _____

INFORMATION NECESSARY TO LOCATE THE ORIGINAL BIRTH CERTIFICATE

The information requested below must be stated exactly as it is on the original birth certificate or we will not be able to confirm that we have located the correct record. We will attempt to locate the original birth certificate by checking "sealed files" for children born on a particular day and place.

Please print legibly.

Name of Child (if named at birth): _____
First Middle Last Suffix

Child's Date of Birth: _____ Sex: _____ City of Birth: _____ County of Birth: _____

Name of mother/parent prior to first marriage: _____
First Middle Last

STATE YOUR PREFERENCE ABOUT CONTACT WITH THE ADOPTEE

- I would like to be contacted.

Current Name: _____

Address: _____

Telephone: _____

Other Contact Information: _____

- I would prefer to be contacted only through an intermediary. (SCDHEC does not serve as an intermediary.)

Current Name: _____

Address: _____

Telephone: _____

Other Contact Information: _____

- I prefer not to be contacted at this time. If I decide later that I would like to be contacted, I will submit an updated Contact Preference form to the State Registrar of Vital Statistics.

Signature: _____ Date: _____

SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
Vital Statistics
Biological Parent's Consent and Contact Preference Form – DHEC 4020 (05/2023)

PURPOSE: In accordance with South Carolina Law 44-63-140, a form must be established to “allow for the biological parent to indicate contact preference and to consent to release of medical history” for sealed original birth certificates in cases of adoptions.

AUDIENCE: A biological parent requesting to specify their contact preferences in the sealed adoption file.

INSTRUCTIONS:

Instructions for completing each item are self-explanatory or embedded within the form. Applicants are instructed to complete each blank.

ADDITIONAL INFORMATION:

Website – Additional information can be obtained from the website www.scdhec.gov/vital-records or by calling Vital Records at 1-803-898-3630.

OFFICE MECHANICS AND FILING: Completed forms will be placed within the sealed file and maintained per retention schedule HEC-VS-33R.