



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 Consent and Contact Preference Form is considered a private communication from a 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 _____ Birth Father

- I consent to the release of the original birth certificate and all documents contained in the sealed adoption file.
- I do not consent to the release of the original birth certificate and all documents contained in the sealed adoption 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 conduct a thorough search of the sealed adoption files based on the information provided. 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 the intermediary listed below. (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 version of this form to the State Registrar of Vital Statistics.

Signature: _____ Date: _____