

## DISCLOSURE VETO

**Once this Disclosure Veto is completed, please provide it to the Social Services Administration of the Department of Human Services at the address listed below.**

- I, \_\_\_\_\_, \_\_\_\_\_, am an adoptee who  
(Print Current Name) (Social Security Number)
- was born on \_\_\_\_\_. My adoptive name is \_\_\_\_\_.  
(Date of Birth) (Print Adoptive Name)
- I, \_\_\_\_\_, \_\_\_\_\_, am the \_\_\_\_\_  
(Print Current Name) (Social Security Number) (Relationship to Adoptee)
- of \_\_\_\_\_ who was born on \_\_\_\_\_.  
(Name of Adoptee) (Date of Birth)

The adoption was initiated or finalized in the State of Maryland, and the petition was filed by (check one):

- A Local Department of Social Services in \_\_\_\_\_  
(city or county)
- A Private Child Placement Agency \_\_\_\_\_  
(name of private child placement agency)
- An Independent Agent \_\_\_\_\_  
(name of attorney)

Pursuant to sections 5-359, 5-3A-42, and 5-3B-29 of the Family Law Article, my signature below signifies my declaration that I **do not** want my name, address, or any other identifying information released.

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

The Department of Human Services  
Social Services Administration  
Search, Contact, and Reunion Services  
311 West Saratoga Street  
Baltimore, Maryland 21201

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
HOME PHONE NUMBER

\_\_\_\_\_  
WORK PHONE NUMBER

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Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_