

Adoption Search, Contact and Reunion Services  
**DISCLOSURE VETO FROM A BIRTH PARENT**

I, \_\_\_\_\_, \_\_\_\_\_, am the \_\_\_\_\_  
(Print Current Name) (Social Security Number) (Specify Relationship to Adoptee)

of \_\_\_\_\_ who was born on \_\_\_\_\_.  
(Name of Adoptee) (Date of Birth)

The child's adoption was 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 Code of Maryland Regulations (COMAR) Title 07.02.13.01 through .07.02/13.09, 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 name at the time of the adoption was \_\_\_\_\_.

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: \_\_\_\_\_



