

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

Notary Public: _____ Date: _____