

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF DUBUQUE

AFFIDAVIT OF DISCLOSURE

IN THE IOWA DISTRICT COURT

FOR _____ COUNTY
(to be completed by Catholic Charities)

JUVENILE COURT

IN THE INTEREST OF _____)
) NO.
)
STATE OF IOWA)
COUNTY OF _____) SS:

I, _____, the undersigned,
(please print)

_____, ()
(Street) (City) (State) (Zip) (Phone)

am the biological parent of a child born on the _____ day of _____ month, _____ year.
Said child being originally named _____ in the Petition
for Termination of Parental Rights. I have placed for adoption said child with Catholic Charities of
the Archdiocese of Dubuque, Iowa, a licensed child placing agency, in the State of Iowa.

It is my understanding that this affidavit, in compliance with Section 600.16A (2)(b)(1)
Code of Iowa, will reflect my intent, position, and opinion as to the disclosure of my name. After
having given due consideration to the same, it is my voluntary act and deed that my name
_____ be disclosed to the said child upon reaching the age of twenty-one.
(shall) (shall not)

I further understand that this affidavit is to be placed in the adoption file of the above named
child, and it is to guide and assist the Court in making the determination upon application for
disclosure.

FURTHERMORE, I understand that the same is not binding upon the Court and merely
suggested as to my opinion and feelings in reference to disclosure of my identity.

(Birthparent signature)

Subscribed and sworn to before me on this _____ day of _____, 20____
by the undersigned Notary Public.

(Notary Public)

Client Copy _____

Court Copy _____

File Copy _____