

CONSENT FOR CONTACT

Distribution Instructions:

Original: Agency/Department
Copy: Person Signing

1. Please complete both sides of this form.

2. **This form must be witnessed by a representative of the California Department of Social Services (CDSS) or a California adoption agency licensed by CDSS, or notarized by a Notary Public.*** If the signing of this form is witnessed by a CDSS or adoption agency representative, photo identification of the person signing must be obtained and noted on this form. **THIS FORM WILL BE RETURNED TO YOU IF IT IS NOT WITNESSED OR NOTARIZED**

DESIGNATE ONE:

I am the

- Birth Parent
- Adult Adoptee (age 18 or older)

PART A. To be completed by person signing consent

BIRTH PARENT:

By signing this form, I voluntarily give my consent to the CDSS or licensed adoption agency to disclose my name and address to my adult biological child who was adopted so he/she may contact me.

ADULT ADOPTEE:

By signing this form, I voluntarily give my consent to the CDSS or licensed adoption agency to disclose my name and address to my birth parent(s) so he/she may contact me.

I understand that the CDSS does not provide search services to locate birth parents or adoptees and that these parties must contact CDSS or the licensed adoption agency to request a Consent for Contact (AD 904) form.

I understand that the birth parent(s) and the adoptee must sign a consent before CDSS or the licensed adoption agency may disclose identifying information and that signing this consent does not necessarily ensure that a contact will be made. I understand that the law prohibits CDSS or the licensed adoption agency from soliciting, directly or indirectly, the execution of such a consent.

I understand that I should keep the CDSS or the licensed adoption agency informed of my current name and address.

I understand I have the right to rescind this consent at any time by notifying CDSS or the licensed adoption agency in writing.

| | | | |
|---------------------|------|--|-----------------------------|
| NAME (PLEASE PRINT) | | OTHER NAME(S) BY WHICH I HAVE BEEN KNOWN | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| | | | TELEPHONE NUMBER () |
| SIGNATURE | | DATE | |

PART B. To be completed by a representative of CDSS or a California licensed adoption agency. If Part B or C is completed, do not complete Part D.

| | | |
|---|---------|-----------------------------|
| SIGNATURE OF CDSS /ADOPTION AGENCY REPRESENTATIVE | DATE | TELEPHONE NUMBER () |
| AGENCY/DEPARTMENT NAME | ADDRESS | |

IDENTIFICATION OF BIRTH PARENT/ADULT ADOPTEE (SPECIFY, I.E., DRIVER'S LICENSE, PASSPORT, ETC.)

PART C. Check if applicable. Notarized signature has been previously submitted to CDSS or a California licensed adoption agency.

PART D. To be completed by a Notary Public ONLY IF Part B or C is not completed.

State of _____)
 _____)
 County of _____)

On _____ before me, _____ a Notary Public,
 personally appeared _____, personally known to me (or proved to me on the basis
(NAME OF BIRTH PARENT/ADULT ADOPTEE)
 of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

(Seal)
Signature

***Definition of Notary Public:** A Notary Public is a public officer authorized by law to certify documents and to confirm your identity. Notaries may be located at most banks and credit unions or listed in the yellow pages of your local phone directory.

In order to locate the correct adoption file, please assist us by completing the information below. If you do not know this information, please write "unknown".

Adoptee's name, birth date, city and state of birth

All names used by birth mother at the time of the adoption (include middle and maiden name(s) and name of birth father.

Full names of both adoptive parents

Adoptees: Please check the box if you also want to receive nonidentifying background information about your birth parents.

Birth Parents: Please check the box if you also want to receive nonidentifying information about the family that adopted your child.

What Happens to the Consent

The consent may be sent directly to the adoption agency which handled the adoption, if known, or to the Department's Central Office: Adoptions Support Unit, Department of Social Services, 744 P Street, M.S. 3-31, Sacramento, CA 95814. If the adoption was an independent (private) adoption, the consent will be acknowledged and placed in the adoption file and you will be sent any available information you requested. If the adoption was an agency adoption, the consent will be returned to you with the name and address of the correct agency so you may send it directly to that agency.