



P.O. Box 4379  
Harrisburg, PA 17111-0379  
800-227-0225

**Instructions:**

You may choose to withdraw your authorization to release identifying information at any time. Please provide as much information as you know. Type or print in black or blue ink.

Please check the appropriate choice. I am one of the following:

- Adoptee at least 18       Birth Parent       Adoptive Parent of an adoptee under 18 or who is adjudicated incapacitated or deceased.

**I. ADOPTEE'S INFORMATION**

CURRENT NAME (Last, First, Middle)		CHILD'S NAME AS RECORDED ON ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)			
DATE OF BIRTH (MM/DD/YYYY)		GENDER		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PLACE OF BIRTH	COUNTY	CITY/MUNICIPALITY		STATE	HOSPITAL (if known)
LOCATION WHERE ADOPTION WAS FINALIZED (City/County/State)				DATE ADOPTION WAS FINALIZED (MM/DD/YYYY)	
CURRENT STREET ADDRESS		CITY		STATE	ZIP CODE

**II. BIRTH PARENT'S INFORMATION**

BIRTH PARENT'S NAME (Last, First Middle)		PREVIOUS NAMES (Include maiden name, nicknames, aliases. Last, First, Middle)			
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE			
STREET ADDRESS		CITY		STATE	ZIP CODE

**III. ADOPTIVE PARENT'S INFORMATION**

Adoptive parent may submit a withdrawal of a previous authorization for the release of information for their child who is under 18 or one who was adjudicated incapacitated or who is deceased.

ADOPTIVE PARENT'S NAME (Last, First Middle)		MAIDEN NAME (If applicable)			
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE			
STREET ADDRESS		CITY		STATE	ZIP CODE

**WITHDRAWAL OF CONSENT TO RELEASE INFORMATION**

I hereby withdraw my authorization to release Identifying Information.  
(Identifying information includes names and contact information)

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (section 4904 of the Pennsylvania Crimes Code).

SIGNATURE		DATE	