

<i>I declare under penalty of perjury under the laws of the State of Connecticut that the following is true and correct.</i>				
LAST Name of Birth Parent:		FIRST Name of Birth Parent:		DOB:
Maiden Name (if applicable):		AKA (if applicable):		Social Security Number:
E-mail:			Phone #:	
Address (No. and Street):		City:	State:	Zip:
Signature of Birth Parent:				Date:
List the Names of the Child(ren) at the Time of Birth				
LAST Name:	FIRST Name:	DOB:	Gender:	
LAST Name:	FIRST Name:	DOB:	Gender:	
LAST Name:	FIRST Name:	DOB:	Gender:	
Contact Preference (Please check Appropriate Box)				
<input type="checkbox"/>	I would like to be contacted			
<input type="checkbox"/>	I would like to be contacted, but only through an intermediary, as designated below			
<input type="checkbox"/>	LAST Name of Designee:		First Name of Designee:	
<input type="checkbox"/>			Phone#:	
<input type="checkbox"/>	I do not want to be contacted			
<p>NOTE: A search or reunion DOES NOT automatically occur upon a youth's 18th birthday. To request a search on or after a youth's 18th birthday the biological parent will need to submit a separate request noting a desire to have a search conducted for his or her biological child.</p>				
<p>RETURN TO:</p> <p>DCF - Adoption Search 505 Hudson Street, 10th Floor Hartford, CT 06106</p>				