

# RELEASE OF INFORMATION TO ADULT ADOPTEE BY BROTHER/SISTER AS PROXY FOR DECEASED PARENT

Michigan Department of Human Services  
CENTRAL ADOPTION REGISTRY

**INSTRUCTIONS:**

- A separate statement must be completed for each child/adoptee.
- This form **MUST** be accompanied by a copy of the death certificate of the deceased parent.
- Send a new statement to the Central Adoption Registry if your name or address changes.

- The address of the Central Adoption Registry is:  
MICHIGAN DEPARTMENT OF HUMAN SERVICES  
CENTRAL ADOPTION REGISTRY  
PO BOX 30037  
LANSING MI 48909

I state that I am the biological  **brother**  **sister** of the child described below. Our biological parent is deceased and the death certificate is enclosed. In accordance with Michigan Compiled Laws Annotated 710.27, I hereby give consent to the release of our deceased parent's name to this child when he/she is 18 years of age or older.

**INFORMATION ABOUT THE CHILD:**

Child's Full Name at Birth (Last, First, Middle)		Child's Birth Date (Month/Day/Year)
Child's City of Birth	Child's County of Birth	Child's State of Birth

**INFORMATION ABOUT DECEASED BIOLOGICAL PARENT:**

Deceased Parent's Name When Parental Rights Were Released or Terminated (Last, First, Middle)
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**INFORMATION ON BIOLOGICAL BROTHER/SISTER WHO IS CONSENTING TO RELEASE OF INFORMATION:**

My Current Name (Last, First, Middle)		My Birth Date (Mo., Day, Yr.)	
My Name at Time Parental Rights Were Terminated, If Different (Last, First, Middle)			
Address (Street Number and Name)			Apartment or Lot Number
City	State	Zip Code	Telephone Number (     )
Brother/Sister Signature			Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	AUTHORITY: MCLA 710.68. COMPLETION: Voluntary. PENALTY: None
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DISTRIBUTION: ORIGINAL - Michigan Department of Human Services  
Central Adoption Registry  
P.O. Box 30037  
Lansing, Michigan 48909  
COPY - Keep for your records.

For Office Use Only

Adoptee's Birth Name (Last, First, Middle)

Birth Date