

## Contact preference form for birth parents of adopted children

We need the following information to find and match this request with existing records. We may not be able to process your request if the information is missing or inaccurate. You must also complete a [medical history](#) along with this form.

Indicate your status:  Birth Mother/Parent  Birth Father/Parent

Name of Child at Birth \_\_\_\_\_  I did not name the child  
First Full Middle Name Last Name

Child's Date of Birth \_\_\_\_\_ City or County \_\_\_\_\_ Child's Sex:  Male  Female  
mm/dd/yyyy

**Please complete your name as it appears on the child's original (pre-adoption) birth certificate. Include your birth name and any other names used either at the time of birth or relinquishment.**

Mother/Parent Birth Name \_\_\_\_\_  
First Full Middle Name Last Name at Birth

Father/Parent Birth Name \_\_\_\_\_  
(if applies) First Full Middle Name Last Name

## Contact information

**I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I request that you place this contact preference form in the sealed adoption file. This contact preference form expires upon the death of the birth parent.**

Signature of Birth Parent \_\_\_\_\_ Date \_\_\_\_\_

Current Legal Name: \_\_\_\_\_  
First Full Middle Name Last Name

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

If you choose not to be contacted, the information above the dotted line will not be released to the adoptee. You may change your contact preference by submitting a new contact preference form at any time.

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## What is your preference regarding contact with the adoptee?

- I would like to be contacted. I give the department consent to provide the adoptee with a noncertified copy of his or her original birth certificate.
- I would like to be contacted only through a confidential intermediary as described in [RCW 26.33.343](#). I give the department consent to provide the adoptee with a noncertified copy of his or her original birth certificate.
- I prefer not to be contacted and have completed the birth parent updated medical history form. I give the department consent to provide the adoptee with a noncertified copy of his or her original birth certificate.
- I prefer not to be contacted and have completed the birth parent updated medical history form. I do not want a noncertified copy of the original birth certificate released to the adoptee.