

BIRTH PARENT WAIVER OF CONFIDENTIALITY

Date: _____

Child and Family Services of New Bedford
800 Purchase Street, 4th floor
New Bedford, MA 02740

TO ALL CONCERNED PARTIES:

I hereby formally request that this letter and/or copies hereof be immediately placed in all records and files pertaining to my adoption as follows:

Birth name of child: _____

Date of relinquishment: _____

Place of birth: _____ Date of birth: _____

This is to be considered my legal authorization to waive the confidentiality guaranteed to me by any laws and/or organization of the state of Massachusetts; and includes all court records, hospital records and anything considered to be identifying information.

The effects of this waiver are to extend only to my birth parents, birth siblings, any other blood relatives and/or their legal representatives. The following information may hereby be released in full to the above mentioned parties:

My full name: _____

My current address: _____

My current telephone number: _____

All medical records in your files: _____

This waiver gives my full and legal permission to release my present identity as described above. This letter is to remain in full effect until otherwise revoked by myself in writing.

I understand that, according to Massachusetts' law, the agency must wait 30 days from the receipt of this authorization before revealing this information.

Sincerely,
