



CONSENT FORM
(Birth Parent)

Please sign the following page in the presence of a licensed notary.

I certify that I am _____ (your current name), the birth parent of _____ (name of your child at the time of the adoption), who was born on _____ in _____. My name at the time of the adoption (if different from above) was _____.

In accordance with Massachusetts General Law Chapter 210, *(please check **one** of the three)*:

- I hereby authorize Bright Futures Adoption Center, a program of RFK Community Alliance (“Bright Futures”) to release my name, address, email address and telephone number to *(check all that apply)*:
- my child my child’s adoptive parents my child’s siblings my child’s spouse
- I hereby request that Bright Futures contact me prior to releasing my name, address, email address and telephone number to *(check all that apply)*:
- my child my child’s adoptive parents my child’s siblings my child’s spouse
- I do not give Bright Futures permission to release my name, address, email address or telephone number to anyone.

I will notify Bright Futures of any change in my address or other contact information. I understand that I can change my consent to release information at any time. I understand that Bright Futures abides by State and Federal law, and that the law could change at any time.

When I request that Bright Futures do a search for my child that I placed for adoption, I understand that I am responsible for the nonrefundable fees stated in the attached application and guide to search services and that Bright Futures may or may not be successful at finding my child. Bright Futures is not liable for the outcome of contact between me and my child. I acknowledge that Bright Futures strongly recommends ongoing support for all birth parents during the search and reunion process.

All information submitted in or with this application is accurate to the best of my knowledge. I have received a copy of Bright Futures’ Grievance & Appeal Procedure.



Signature

Date

County of _____, State of MASSACHUSETTS

On this ____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document in my presence.

Notary Public

My commission expires : _____ (seal)



BIRTH PARENT WAIVER FORM

I understand that Massachusetts General Law Chapter 210, Section 5D requires RFK Community Alliance's Bright Futures Adoption Center to wait thirty days after receipt of the attached Consent Form before releasing my name, address, email address, telephone number and/or any other identifying information to my child, my child's adoptive parents, my child's siblings or my child's spouse as indicated on the Consent Form.

I wish to waive this 30 day waiting period and expressly authorize RFK Community Alliance's Bright Futures Adoption Center to release my identifying information as indicated on the Consent Form immediately upon receipt of the attached Consent Form.

Signature

Date

Print Name