



CONSENT FORM
(Sibling or Other Relative)

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

I certify that I am _____(your current name).

My maiden name (if applicable) was _____.

My date of birth is _____.

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 my relative who was placed for adoption.
- I hereby request that Bright Futures contact me prior to releasing my name, address, email address and telephone number to my relative who was placed for adoption.
- 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 relative, I understand that I am responsible for the nonrefundable fees stated in the attached application and search policy and that Bright Futures may or may not be successful at finding my relative. Bright Futures is not liable for the outcome of contact between me and my relative. I acknowledge that Bright Futures strongly recommends ongoing support for all parties 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)