



MISSISSIPPI STATE DEPARTMENT OF HEALTH

FORM 915 - INSTRUCTIONS

Affidavit Permitting Disclosure Of Identifying Information On Birth Parent

This Form is completed by a birth parent of a child placed for adoption, when the parent wants identifying information released when the adopted child becomes an adult. Each birth parent must complete and file a separate Form 915, and if more than one child is placed for adoption, a separate Form 915 must be filed on each child. A completed, signed, and notarized Form 915 can be filed with the Vital Records Adoption Unit of the Mississippi State Department of Health at any time following the surrender or termination of parental rights to a child.

Under the provisions of this Act, the birth parent who files a Form 915 authorizes Vital Records Adoption Unit to release to an adoptee who is twenty-one (21) years of age or older all information about that birth parent's identity from the original birth certificate or any other information on file. The release of information is made through a licensed adoption agency which is required under this Act to obtain adequate identification of the adoptee and the adoptee is required to submit to counseling by the agency in connection with the release and use of this information. In the case where only one of the birth parents has authorized the release of identifying information, that birth parent shall be prohibited from divulging to the adoptee the identity, or any information reasonably calculated to lead to discovery of the identity, of the other birth parent, and shall execute a sworn affidavit stating that no such information shall be revealed.

The birth parent may revoke a previously filed Form 915 at any time by written notification to the Vital Records Adoption Unit, Mississippi State Department of Health, Post Office Box 1700, Jackson, MS 39215-1700. The signature on the revocation must be notarized. At the time of revocation, the birth parent may wish to file Form 914, and Affidavit **Prohibiting** Disclosure of Identify Information. If neither Form is on file, a licensed adoption agency may conduct a search and make one contact with the birth parent to obtain medical or social information not on file or to determine if contact with the adoptee is acceptable.

The purpose of Form 915 and Form 914 shall be explained to each birth parent named on the original birth certificate at the time of surrender or termination of parental rights to the child and each birth parent shall be given the opportunity to complete and file either Form. If the birth parents signs either Form at that time, it shall be held by the adoption agency or attorney until the adoption is finalized and submitted with the adoption records to Vital Records Adoption Unit.

All forms required by the Mississippi Adoption Confidentiality Act are maintained by the Vital Records Adoption Unit of the Mississippi State Department of Health, Post Office Box 1700, Jackson, MS 93215-1700. Please contact, or have the client contact Vital Records Adoption Unit to request forms as needed. Only original printed forms on 25% cotton bond paper will be acceptable for filing.

F. E. Thompson, Jr., MD, MPH, State Health Officer

Public Health Statistics

571 Stadium Drive • Post Office Box 1700 • Jackson, Mississippi 39215-1700
601/576-7960

Equal Opportunity In Employment/Service



Affidavit Permitting Disclosure Of Identifying Information On Birth Parent

Mississippi Adoption Confidentiality Act

A birth parent of a child placed for adoption has the right to file with the Mississippi State Department of Health Vital Records Unit, an affidavit permitting disclosure of identifying information from the sealed adoption record, as specified in Section 93-17-205 of the Mississippi Code of 1972, Annotated.

A revocation of this affidavit permitting disclosure may be filed at any time by submitting written notification to the above address.

Date: _____

Current Name: _____

Current Address: _____

Name When Child Placed: _____

My Child Was Placed For Adoption Through:

Agency Or Private Party Name: _____

Type Agency Or Private Party: _____

Address: _____

City, State And Zip Code: _____

Name Of Child On Original Birth Certificate: _____

Child's Date Of Birth: _____ Child's Sex: _____

Child's City, County And State Of Birth: _____

I understand that upon reaching the age of twenty-one (21) the above named child may request and be provided with the identifying information from the original birth certificate and any other available information about my identity and location. This information will be released through a licensed adoption agency which shall require that the adoptee provide adequate identification and to submit to counseling by such agency in connection with the release and use of this information. Further, I understand that should non-identifying medical or social information be requested and not be on file with Vital Records, a licensed adoption agency may conduct a search for me to obtain such medical or social information. Identifying information shall **not** be released to the adoptee or the adoptive parents, if the adoptee is under 18 years of age, under requests for non-identifying information.

I also understand that I may revoke this affidavit permitting disclosure at any time by filing written notification to the above address.

Signature Of
Birth Parent: _____ Date: _____

Subscribed and sworn to before me this _____
day of _____, 20_____
My commission expires _____

Notary Public

