

# ADULT FORMER SIBLING STATEMENT TO RELEASE INFORMATION TO ADULT ADOPTEE

Michigan Department of Human Services  
CENTRAL ADOPTION REGISTRY

- A new statement may be sent to the Central Adoption Registry any time to withdraw a previous consent or to withdraw a previous denial. Release of identifying information will be based on the most recent statement on file in the Central Adoption Registry.
- A sibling giving consent should send to the Central Adoption Registry a new statement if either his/her name or address changes.
- A separate form must be filled out for each sibling for whom you are giving consent/denial.
- Keep the yellow copy for your records.
- Send the White copy to the Central Adoption Registry address below:

MICHIGAN DEPARTMENT OF HUMAN SERVICES  
CENTRAL ADOPTION REGISTRY  
PO BOX 30037  
LANSING MI 48909

|  |
|--|
| I state that I am the <input type="checkbox"/> <b>brother</b> <input type="checkbox"/> <b>sister</b> of the child described below.   |
| I hereby <input type="checkbox"/> <b>give consent</b> <input type="checkbox"/> <b>do not give consent</b> to the release of my name and address to this child when he/she is 18 years of age or older. |

**CHILD INFORMATION:**

|  |                         |                                     |
|--|-------------------------|-------------------------------------|
| Child's Full Name at Birth (Last, First, Middle) |                         | Child's Birth Date (Month/Day/Year) |
| Child's City of Birth                            | Child's County of Birth | Child's State of Birth              |

**COMMON BIRTH PARENT INFORMATION (If known):**

|  |                             |
|--|-----------------------------|
| Current Name of Birth Mother (Last, First, Middle)                                   | Birth Date (Month/Day/Year) |
| Mother's Name When Parental Rights Were Released or Terminated (Last, First, Middle) |                             |
| Name of Birth Father (Last, First, Middle)   | Birth Date (Month/Day/Year) |

**SIBLING INFORMATION:**

|  |                             |                       |             |
|--|-----------------------------|-----------------------|-------------|
| My Current Name (Last, First, Middle)  | Birth Date (Month/Day/Year) | Phone No.<br>(      ) |             |
| Name at Time Parental Rights Were Released or Terminated, if Different (Last, First, Middle) |                             |                       |             |
| Current Address (Street Number and Name)   | City                        | State                 | Zip Code    |
| Brother/Sister Signature   |                             |                       | Date Signed |

AUTHORITY: P.A. 288 of 1939, as amended, MCLA-710.27(5)  
COMPLETION: Voluntary.  
PENALTY: None

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

DISTRIBUTION: ORIGINAL - Michigan Department of Human Services Central Adoption Registry P.O. Box 30037 Lansing, Michigan 48909  
COPY - Sibling's File Copy

FOR OFFICE USE ONLY  
Adoptee's Birth Name (Last, First, Middle)  
Birth Date (Month/Day/Year)