

Birth Parent Contact Preference Form
(One form per parent)

A birth parent may complete and submit this form to indicate your preference for contact from an adopted person for whom a new birth certificate is established. If this form is completely filled out and a sealed original birth certificate is located using the information contained in this form, the VDH will file this form with the adoptee's sealed original birth certificate. The VDH will share this birth parent contact preference form with the adopted person who requests a copy of their original birth certificate as required by § 32.1-261 of the Code of Virginia. A birth parent may submit a new form to update their contact preference at any time. The State Registrar may destroy the old form if a birth parent submits an updated contact preference form to be placed on file with the VDH.

IMPORTANT: Do not send photos or extra documents; we will not share or return additional materials.

INSTRUCTIONS: Mail the form to the Virginia Department of Health, Office of Vital Records, along with a \$15 check or money order and a readable and clear photocopy of your identification.

Submission of this form is optional. You are not required by Virginia law to submit this form. You may provide additional information for the adoptee on the reverse of the form.

Adoptee information

All fields must be completed and contain accurate information to file this form.

Child's first, middle, and last name after adoption:

Child's date of birth: _____ Child's sex: _____

Place of birth (county/city or foreign country): _____

Name of Mother/Birth Parent I as it appears on the original birth record:

Name of Father/Birth Parent II (if any) as it appears on the original birth record:

Contact preference (check one)

Would like to be contacted (provide your current name and contact information on reverse of form).

Would like to be contacted through an intermediary (provide intermediary name and contact information on reverse of form).

Would not like to be contacted. If I decide later that I would like to be contacted, I will submit an updated contact preference form to the Virginia Department of Health.

Name of person completing this form: _____

Signature: _____

Date: _____



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Provide information that you think is important for the adopted person to know.