



DEPARTMENT OF SOCIAL SERVICES

CHILD PROTECTION SERVICES

700 Governors Drive

Pierre, South Dakota 57501-2291

(605) 773-3227

FAX (605) 773-6834

Dear:

The purpose of the South Dakota Voluntary Adoption Registry is to facilitate voluntary contact between adoptees 18 years of age and older who were born in South Dakota and their birth parents. Siblings of the adopted person 18 years and older may also register.

Please complete the appropriate blanks on the enclosed registration form, have it notarized, and return it to us. The agency will not register your consent unless it is properly signed and notarized.

Exchange of current identifying information between an adult adoptee and a birth parent will occur under the conditions stated in SDCL 25-6-15.2 and .3.

A person who uses this voluntary register may revoke his/her consent or revise his/her consent at any time.

In the event a match occurs, the State Department of Social Services will notify you by mail.

Should any of the information on your registration change or should you wish to withdraw your consent, please notify us so that we may correct our files.

The authority for the Registry is set forth in SDCL 25-6-15.2 and .3. If you are interested in a copy of the statute, contact the Secretary of State and request a copy.

If you have any questions, you may contact the agency at which you obtained the form, or Patricia Reiss, Department of Social Services, Child Protection Services, Pierre, South Dakota.

Sincerely,

Patricia Reiss
Program Specialist

DK:lw

Registration and Consent For Release of Identifying Information South Dakota Department of Social Services

INSTRUCTIONS: Send forms to the Adoption Unit, Department of Social Services, Child Protection Services, Kneip Building, 700 Governors Drive, Pierre, SD 57501. Retain a copy for your records.

Information To Be Completed By All Applicants

1. In the event a match occurs, the Department of Social Services shall notify each party by letter prior to the release of information.
2. If a match occurs after your death, do you wish any identifying information about yourself to be released? (Identifying information would be your name, address and phone number as listed in the registry.)
Please check:
 YES NO
3. If a match occurs, do you wish identifying information to be released to: (Check all that apply)

(A) Birth Mother	YES	NO
(B) Birth Father	YES	NO
(C) Birth Siblings	YES	NO
(D) All the above	YES	NO
4. If we have any questions about your responses on this form or need additional information, may we contact you? Please check YES NO

If yes, please list a daytime phone number, and a mailing address.

PHONE: _____ ADDRESS: _____

I hereby authorize that my name, address and telephone number may be released under the conditions stated above if all necessary consent forms have been filed. I further release the South Dakota Department of Social Services of any liability for release of any information pursuant to this consent.

Signature _____

Typed or Printed Name _____

Street Address or
Route Number _____

City _____ State _____ Zip Code _____

Telephone Number Area Code _____

Date Signed _____

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public _____

My Commission expires _____ Residing at _____

I am (*check one*)

a birth parent

an adopted person 18 years of age or older

a sibling of an adopted person (Fill in both sections)

COMPLETE ONLY THE SECTION THAT APPLIES TO YOU. PLEASE TYPE OR PRINT IN INK.

Information To Be Completed By Birth Parent

My Current Name _____

My Current Mailing Address _____

My Birthdate _____ My Sex _____ My Phone Number _____

Placing Agency: _____

Adopted Person's Full Name at Birth (first, middle and last)

Adopted Person's Date of Birth _____ Adopted Person's Sex _____

City of Birth _____

Adopted Person's Time of Birth _____

Mother's Maiden Name as is appears on the Adopted Person's Original Birth Certificate

Father's name as it appears on the Adopted Person's Original Birth Certificate

Name of Hospital or Institution _____

Information To Be Completed By Adopted Person

My Current Name _____

My Current Mailing Address _____

My Phone Number _____ My Sex _____ My Birthdate _____

Placing Agency _____

Adopted Person's Time of Birth _____ City of Birth _____

Birthname, if known _____

My Full Name After Adoption (first, middle, last) if married, list original (maiden) name.

Adoptive Father's Name _____

Adoptive Mother's Maiden Name _____