



AFFIDAVIT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES-ADOPTIONS
SFN 946 (1-2023)

Your birth child that you have placed for adoption may, as an adult, want a personal contact with you. The purpose of this Affidavit is for you to indicate at this time whether you will want this contact.

Name (Last, First, MI)	Maiden Name		
Address	City	State	ZIP Code
Telephone Number	Birth Date	Social Security Number*	
Name of Licensed Child Placing Agency			

* In compliance with the Federal Privacy Act of 1974, disclose of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program

<input type="checkbox"/> I will want personal contact with my adult birth child. <input type="checkbox"/> I will not want personal contact with my adult birth child. <input type="checkbox"/> I will permit contact by a child-licensing agency on behalf of my adult birth child to secure nonidentifying information not contained in the agency file. <input type="checkbox"/> I will not permit contact by a child-placing agency on behalf of my adult birth child to secure nonidentifying information not contained in the agency file. <p>I understand that the law currently provides that I shall be contacted regarding a request for information by my adult birth child who I placed for adoption. I also understand that it is my responsibility to update the agency with my new contact information if there are any changes.</p>	<p>Signature of Birth Parent</p>	<p>Date</p>
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State of	County of	Affix Notary Stamp
Date Signed and sworn to (or affirmed) before me		
Signature of Notary Public		
Commission Expiration Date		