



CERTIFICATION TO THE NORTH DAKOTA HEALTH AND HUMAN SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN AND FAMILY SERVICES-ADOPTIONS

SFN 945 (10-2024)

| | |
|-----------------------|---------------|
| Name of Adult Adoptee | Date of Birth |
| Name of Birth Parent | Date of Birth |
| Name of Birth Parent | Date of Birth |
| Name of Birth Sibling | Date of Birth |

1. I certify that a personal and confidential contact was made with the birth parent/sibling/adopted adult and that he/she was given the following information:

- The identifying information the agency has regarding them;
- The nonidentifying information the agency has regarding them;
- The date of the request of the adopted adult/birth parent/birth sibling;
- The right they have as the adopted adult / birth parent to refuse to authorize disclosure of identifying information;
- The right they have as the adopted adult / birth parent / sibling to authorize disclosure of identifying information;
- The effect of their failure to respond to a request for disclosure. The child placing agency will treat their failure to respond as a refusal to authorize disclosure of identifying information, except that it does not preclude disclosure after the individual's death.

Comments

2. I certify that I was unable to notify the birth parent/sibling/adopted adult of his/her rights.

- I certify that the birth parent/sibling/adopted adult is deceased, and has filed an unrevoked affidavit stating that identifying information shall not be disclosed. The genetic parent/adult adoptee requesting information has been notified to this effect.
- I certify that the birth parent/sibling/adopted adult is deceased, and has not filed an unrevoked affidavit stating that identifying information shall not be disclosed. The adult adoptee has been provided with the identifying information in the agency file.

Comments

| | | |
|---------|--|-----------|
| (Seal) | State of | County of |
| | Name of Child Placing Agency | |
| (Stamp) | Signature of Agency Representative | |
| | Date | |
| | Date Signed and sworn to (or affirmed) before me | |
| | Signature of Notary Public or Other Authorized Officer | |
| | Commission Expiration Date | |

DISTRIBUTION: Original - HHS

Copy - Child Placing Agency