



**CABINET FOR FAMILIES AND CHILDREN
COMMONWEALTH OF KENTUCKY
275 EAST MAIN STREET
FRANKFORT, KY 40621**

DEPARTMENT FOR COMMUNITY BASED SERVICES
AN EQUAL OPPORTUNITY EMPLOYER M/F/D

SSA RELEASE FORM FOR ADOPTIVE PARENTS

Child's pre-adopt name:

Child's adoptive name:

Child's social security number:

Adoptive parent name(s):

Address:

Phone:

I hereby give my consent to the release of my name and address and that of my adopted child to the Social Security Administration, Veterans, or other _____.

ADOPTIVE PARENT DATE

ADOPTIVE PARENT DATE