

**Commonwealth of Kentucky
Department for Community Based Services**

Biological Parent Consent Form

KRS 199.572 requires that the Cabinet for Health and Family Services ask biological parents who are releasing a child for adoption about the following items and file a copy of the responses with the court where the adoption will become final. **Please note that this is not consent to the adoption.**

Please place this consent form in my birth child's adoption file:

I, _____, as biological mother/father
of _____, born _____

Consent Do not consent to the aforementioned child, upon reaching adulthood, being allowed to inspect the adoption records pertaining to him/her. I understand that under current law, the child is prohibited from inspecting these records without a court order.

Also, I Consent Do not consent to the child having personal contact with me upon reaching adulthood. I understand that under current law, personal contact information will not be released by the Circuit Court or the Cabinet for Health and Family Services without a court order.

I understand that copies of this document will be filed in the records of the Cabinet for Health and Families Services and in the Circuit Court records of the adoption. I also understand that this consent / denial of consent is valid until revoked or altered by me.

Name: _____

Address: _____

City/State/Zip: _____

Phone Number with Area Code: _____

Social Security Number: _____

E-mail: _____

Signature & Date: _____

Please notify the Cabinet for Health and Family Services with any address or phone number changes.