

**CONSENT FORM**  
**(Birth Parent)**

*Please sign the following page in the presence of a licensed notary.*

I certify that I am \_\_\_\_\_ (your current name) the birth parent of \_\_\_\_\_ (name of your child at the time of the adoption), who was born on \_\_\_\_\_ in \_\_\_\_\_. My name at the time of the adoption was (if different from above) \_\_\_\_\_.

In accordance with Massachusetts General Law Chapter 210, *(please check one of the three):*

- I hereby authorize Bright Futures Adoption Center, a program of Robert F. Kennedy Children's Action Corps, Inc. ("Bright Futures") to release my name, address, email address and telephone number to *(check all that apply)*:
  - my child     my child's adoptive parents     my child's siblings     my child's spouse
- I hereby request that Bright Futures contact me prior to releasing my name, address, email address and telephone number to *(check all that apply)*:
  - my child     my child's adoptive parents     my child's siblings     my child's spouse
- I do not give Bright Futures permission to release my name, address, email address or telephone number to anyone.

I will notify Bright Futures of any change in my address or other contact information. I understand that I can change my consent to release information at any time. I understand that Bright Futures abides by State and Federal law, and that the law could change at any time.

When I request that Bright Futures do a search for my child that I placed for adoption, I understand that I am responsible for the nonrefundable fees stated in the attached application and guide to search services and that Bright Futures may or may not be successful at finding my child. Bright Futures is not liable for the outcome of contact between me and my child. I acknowledge that Bright Futures strongly recommends ongoing support for all birth parents during the search and reunion process.

All information submitted in or with this application is accurate to the best of my knowledge. I have received a copy of Bright Futures' Grievance & Appeal Procedure.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

County of \_\_\_\_\_ State of MASSACHUSETTS  
On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document in my presence.

\_\_\_\_\_  
Notary Public    My commission expires: \_\_\_\_\_ (seal)