



## Contact Preference Form for Birth Parents of Adopted Children

The Rhode Island State Office of Vital Records needs the following information to find and match your request with your records. The State Office cannot accept the Contact Preference Form unless it is fully completed. You can fill the form out on your computer before printing it. If completing by hand, **please print clearly**. Return the completed form to the Rhode Island Department of Health, State Office of Vital Records, 3 Capitol Hill, Room 101, Providence, Rhode Island 02908.

### Child's Information

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Name of Child on Original Birth Certificate:

Date of Birth:

Sex:  Male  Female

Hospital Name (if not in hospital, give street and number):

City:

State:

Mother's Name on Her Original Birth Certificate:

### Parent's Contact Preference

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I am the:  Birth Mother  Birth Father

Today's Date:

**If the original birth certificate is released, what is your preference regarding contact with the adoptee? Please check one of the boxes below and provide the required information.**

I would like to be contacted:

Current Name:

Address:

Telephone:

Email/Other:

I would prefer to be contacted only through an intermediary:

Name:

Address:

Telephone:

Email/Other:

I prefer not to be contacted at this time.

### Availability of Parent's Medical History

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**Please check the box below if it applies to you.**

I have filed an updated genetic, social, and health history form with the Rhode Island Family Court, Voluntary Adoption Reunion Registry, 1 Dorrance Plaza, Providence, RI 02903 (phone: 401-458-3290).