

**CONSENT TO RELEASE OF INFORMATION AND/OR CONTACT**

Pursuant to N.C.G.S. 48-9-104(b), the undersigned  birth parent  adult adoptee

adult lineal descendant of a deceased adult adoptee does hereby consent to the

release of non-identifying information about

release of identifying information about

personal contact with

the  birth parent  adult adoptee  adult lineal descendant of a deceased adult adoptee

located by the \_\_\_\_\_ County Department of Social Services or

\_\_\_\_\_, a licensed child placing agency.

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

I, \_\_\_\_\_, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged execution of the foregoing Consent to Release of Information and/or Contact. I certify that I am a Notary Public or otherwise authorized to acknowledge signatures under Chapter 47 of the North Carolina General Statutes.

Witness my hand and seal this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Printed Name

(SEAL)

\_\_\_\_\_  
Signature

My commission expires: \_\_\_\_\_

\_\_\_\_\_