



16th Judicial Circuit Court for the County of Macomb

Adoption Department

Verification of Shared Information

Adoptee Birth Name (*first, middle, last*): _____

Petitioner/Adoptive Parent (*first, middle, last*): _____

Petitioner/Adoptive Parent (*first, middle, last*): _____

Address (Street, City, State, Zip): _____

The following information has been provided to the adoptive parent(s):

(Please check the appropriate boxes below as to the information that was shared)

- 1) Identifying information about the adoptee and his/her biological family MCL 710.27(1) & (2)
- 2) Non-identifying information about the adoptee and his/her biological family MCL 710.27(1) & (2)
- 3) Child's medical history, social, educational and psychological information known.

Adoptive Parent(s)

I (we) hereby affirm that I (we) have received and is/are aware of all of the information listed above. I (we) understand that should this adoption not be confirmed or if the child is not placed with me (us) as an adoptive placement, I (we) will immediately return all of the above written documents/information regarding the child to the natural parent(s).

Petitioner/Adoptive Parent Signature: _____ Date: _____

Petitioner/Adoptive Parent Signature: _____ Date: _____

Attorney Signature: _____ Date: _____