

CENTRAL ADOPTION REGISTRY CLEARANCE

Michigan Department of Human Services

INSTRUCTIONS:
 Original and Copy – Send to:
 CENTRAL ADOPTION REGISTRY
 DEPARTMENT OF HUMAN SERVICES
 PO BOX 30037
 LANSING MI 48909
 Copy – Retain for your Files

PART A – Request for Central Adoption Registry Clearance (Completed by Agency or Court) Central Adoption Registry file Clearance is Requested for:

| | | | |
|--|--|---|--|
| Adoptee's Name at Birth (Last, First, Middle) | Birth Date | City of Birth | County of Birth |
| Agency or Court Name and Address (Street Number, Name, City, State, Zip Code) | | | |
| <div style="float: right; border: 1px solid black; padding: 5px; width: 30%;"> Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. </div> | | | |
| Biological Mother's Name | Date Parental Rights Terminated/Released | Biological Father's Name | Date Parental Rights Terminated/Released |
| Adoption Agency or Court Worker's Name (Please Print) | | Adoption Agency or Court Worker's Signature | Date |

PART B – Reply to request for Central Adoption Registry Clearance Request/or Statements Received Subsequent to Clearance

- We have completed the Central Adoption Registry Clearance as requested.
 - The following statements are on file, and are enclosed.
 - Mother's Statement of Consent/Denial (DHS-1919).
 - Father's Statement of Consent/Denial (DHS-1919).
 - Brother's/Sister's Release of Information to Adult Adoptee (DHS-1917/DHS-1918).
 - There are no statements on file.
- The enclosed statement(s) has/have been received subsequent to the above request.
 - Mother's Statement of Consent/Denial (DHS-1919).
 - Father's Statement of Consent/Denial (DHS-1919).
 - Brother's/Sister's Release of Information to Adult Adoptee (DHS-1917/DHS-1918).

| | | | |
|-------------------------------------|------|-------------------------------------|------|
| Central Adoption Registry Signature | Date | Central Adoption Registry Signature | Date |
|-------------------------------------|------|-------------------------------------|------|

PART C – To be completed by the court/agency only if the adoption was one where parental rights were terminated before May 28, 1945 or on or after September 12, 1980 AND there is no former parent denial statement found in the Central Adoption Registry

Name of Adoptee _____
Last
First
Middle

- Adoptee to receive copy of the sealed, original certification of live birth. Present this form to the State Registrar's Office with photo identification at:
 Department of Community Health, 201 N. Townsend, P.O. Box 30721, Lansing, MI 48909.

Note: This request is valid for one year after date of issuance.

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|---|---|-------|------|
| Adoption Agency or Court Worker's Name (Please Print) | Adoption Agency or Court Worker's Signature | Phone | Date |
|---|---|-------|------|

FOR CENTRAL ADOPTION REGISTRY USE ONLY

Birth Date

Adoptee's Birth Name (Last, First, Middle)