Lund Family Center PO Box 4009 rlington, Vermont 05406

Burlington, Vermont 05406

(802) 864-7467 ~ (800) 639-1741

REQUEST FOR NON-IDENTIFYING INFORMATION

This form serves as a request to the Lund Family Center Adoption Program, to share non-identifying information.

Please note:

- This application form is available for you to print out. (This form cannot be submitted online or via e-mail.)
- Complete all appropriate sections below and send via US Mail.
- A non-refundable \$100.00 fee must accompany this form. Please make check payable to: Lund Family Center
- A legible copy of your valid government-issued **Photo Identification** must accompany this form. (Examples include: State issued driver's license or non-driver photo identification with your current address.) Please enlarge photo ID on copier by 150% if possible.

ADOPTEE / ADULT DESCENDENT OF A DECEASED ADOPTEE:

	City, State, Zip:	
	Telephone: ()	
	Date of Birth:	
BIR ⁻	THPARENT / BIRTHSIBLING:	
	Street Address:	
	City, State, Zip:	
	Telephone: ()	
	Date of Birth:	
ADO	OPTIVE PARENT:	
	Street Address:	
	City, State, Zip:	
	Telephone: ()	
SIGNATURE	<u> </u>	DATE:

Please mail form to: Lund Family Center

Adoption Dept.

ATTN: Search Services

PO Box 4009

Burlington, VT 05406-4009