COUNTY

ORPHANS' COURT DIVISION

IMPORTANT NOTICE

NOTICE OF PARENTAL RIGHTS TO PROVIDE MEDICAL INFORMATION AND DETERMINE ACCESS TO IDENTIFYING INFORMATION

:

Your parental rights to	have	been	terminated.
Nevertheless, you have the ability (i) to make medical and person	al informatio	n abou	t you known
to the adopting parents and/or your child; and (ii) to contro	l if and hov	v your	identifying
information is disclosed to the adopting parents and/or your child			
Forms to provide medical, personal, or social history inform	nation, update	e such i	nformation,
authorize or restrict the release of identifying information, or w	ithdraw autho	orizatio:	n to release
identifying information can be found online at www.adoptpakids.c	org/Forms.ası	ox or by	calling 800-
227-0225. These forms are provided free by PAIR (Pennsylvania	Adoption Inf	ormati	on Registry,
Department of Human Services); they should be completed and return	ned to PAIR.		
You may also file this information with the court usi	ng the same	e form	s provided
by PAIR or providing a written statement in your own words s	igned by you	ı. Pleas	e make sure
to include the case caption and docket number on your form or sta	atement and s	send the	documents
to:			

To

Your consent to release identifying information may be withdrawn at any time by filing a withdrawal of consent form with PAIR and the court; likewise, you can change a prior refusal to provide identifying information by sending and filing an authorization to release.

Finally, for information about having your name redacted from your child's birth certificate, please visit https://www.health.pa.gov/topics/certificates/Pages/Adoptions.aspx . For assistance, call **724-656-3100** or toll-free **1-844-228-3516**.

For any additional questions, you can contact PAIR, your Children & Youth Social Service Agency, any private licensed adoption agency, or the Orphans' Court Division of your county's Common Pleas Court.

By:_			
	Clerk, Orphans' Court		