



Non-identifying health, genetic and social information for Utah adoption registry

Provide the requested information in the form below. The information you give us will be included in the DHHS adoption file and will be shared with the adoptive family. This information may also be requested by authorized individuals referenced in statute 81-13-503. The child-placing agency may keep a copy of the report and provide it to a child-adoptee who is 18 years old or older, a pre-existing parent, or an adoptive parent. If necessary, the data may be accessed by contractors who are a part of the DHHS technical team. All fields are required per statute 81-13-503. There are potential consequences for not providing this data per statute 26B-1-224. This data is part of the record series 28618.

Adoptee's date of birth: _____
(month/day/year)

Adoptee's place of birth: _____
(city, county, state, country)

Birth mother's residence at time of child's birth: _____
(city, county, state, country)

Date of adoption finalization: _____
(month/day/year)

Place of adoption finalization: _____
(city, county, state, country)

Name/address of agency responsible for placement: _____

Agency representative to contact for more information: _____

The agency responsible for the placement of this child was unable to obtain any additional non-identifying health, genetic and social information relating to the child because (check all that apply):

- The child's birth mother failed/refused to provide any information.
- The child's birth father failed/refused to provide any information.
- The identity of the child's mother is unknown.
- The identity of the child's birth father is unknown.
- Other (explain): _____

Signature of agency representative