

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF PUBLIC HEARING

November 22, 2021
10:00 a.m. Central Time
Nebraska State Office Building – Lower Level A
301 Centennial Mall South, Lincoln, Nebraska
Phone call information: 888-820-1398; Participant code: 3213662#

The purpose of this hearing is to receive comments on proposed changes to Title 174, Chapter 6 of the Nebraska Administrative Code (NAC) – *Release of Medical History, Original Birth Certificate, and Relative's Information Following the Adoption of a Nebraska Born Person*. The proposed changes update the regulations' scope; specify the Department's authority to release information to adoptees; remove all definitions; update the requirements for heirs to access information; set out the requirements for the Department to collect fees for requests; remove hardship waiver requests; remove all forms and duplicative statutory language from the regulations; remove unnecessary language; and update formatting.

Authority for these regulations is found in Neb. Rev. Stat. § 81-3117(7).

In order to encourage participation in this public hearing, a phone conference line will be set up for any member of the public to call in and provide oral comments. Interested persons may provide verbal comments in person or by participating via phone conference line by calling 888-820-1398; Participant code: 3213662#.

Interested persons may attend the hearing and provide verbal or written comments, or mail, fax or email written comments, no later than the day of the hearing to: DHHS Legal Services, PO Box 95026, Lincoln, NE 68509-5026, (402) 742-2382 or dhhs.regulations@nebraska.gov, respectively.

A copy of the proposed changes is available online at <http://www.sos.ne.gov>, or by contacting DHHS at the mailing address or email above, or by phone at (402) 471-8417. The fiscal impact statement for these proposed changes may be obtained at the office of the Secretary of State, Regulations Division, 1201 N Street, Suite 120, Lincoln, NE 68508, or by calling (402) 471-2385.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 471-8417. Individuals who are deaf or hard of hearing may call DHHS at (402) 471-9570 (voice and TDD) or the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the hearing.



TO: Executive Board
Room 2108 State Capitol
Legislative Council

FROM: Marge Respeliers, Paralegal I
Legal Services
Department of Health and Human Services (DHHS)

DATE: October 12, 2021

RE: Notice of Rulemaking under Neb. Rev. Stat. § 84-907.06

The Department of Health and Human Services (DHHS) will be holding a public hearing on the proposed amendments to the following regulations:

TITLE: 174 Vital Records
CHAPTER: 6 Release of Medical History, Original Birth Certificate, and Relative's Information Following the Adoption of a Nebraska Born Person

These regulations are scheduled for public hearing on November 22, 2021.

The purpose of this hearing is to receive comments on proposed changes to Title 174, Chapter 6 of the Nebraska Administrative Code (NAC) – *Release of Medical History, Original Birth Certificate, and Relative's Information Following the Adoption of a Nebraska Born Person*. The proposed changes update the regulations' scope; specify the Department's authority to release information to adoptees; remove all definitions; update the requirements for heirs to access information; set out the requirements for the Department to collect fees for requests; remove hardship waiver requests; remove all forms and duplicative statutory language from the regulations; remove unnecessary language; and update formatting.

The following items are enclosed for your referral to the chair of the relevant standing committee of the Legislature:

1. A copy of the notice of public hearing;
2. A copy of the proposed regulations;
3. A copy of the Policy Pre-Review Checklist; and
4. The estimated fiscal impact of this rulemaking action on state agencies, political subdivisions or persons being regulated.

FISCAL IMPACT STATEMENT

Agency: Department of Health and Human Services	
Title: 174	Prepared by: Sarah Bohnenkamp
Chapter: 6	Date prepared: 07/20/2021
Subject: Release of medical history, original birth certificate, and relative's information following the adoption of a Nebraska born person	Telephone: 402-471-0915

Type of Fiscal Impact:

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)
Increased Costs	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased Costs	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Increased Revenue	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased Revenue	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Indeterminable	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)

Provide an Estimated Cost & Description of Impact:

State Agency:

Political Subdivision:

Regulated Public:

If indeterminable, explain why:

TITLE 174 VITAL RECORDS

CHAPTER 6 RELEASE OF MEDICAL HISTORY, ORIGINAL BIRTH CERTIFICATE, AND
RELATIVE'S INFORMATION FOLLOWING THE ADOPTION OF A
NEBRASKA BORN PERSON-

~~6-001. SCOPE AND AUTHORITY:~~ These regulations apply to: implement the laws governing the release of information to a person who was adopted or for whom relinquishment or consents for adoption were given pursuant to Nebraska Revised Statutes (Neb. Rev. Stat.) §§ 43-121 to 43-146.17, the Nebraska Indian Child Welfare Act, and Neb. Rev. Stat. § 43-107.

- ~~1. The release of information to the person adopted or for whom relinquishment or consent for adoption was given prior to September 1, 1988, as defined in Neb. Rev. Stat. §§ 43-120 to 43-146;~~
- ~~2. The release of information to the person adopted or for whom relinquishment or consent for adopted was given on or after September 1, 1988, as defined in Neb. Rev. Stat. §§ 43-107, 43-119, 43-129, and 71-626.01; and~~
- ~~3. The release of information to the heir of an adopted person, as defined in Neb. Rev. Stat. § 43-146.17.~~

~~Sections 6-003, 6-005 and 6-006 of this chapter do not apply to persons subject to the Nebraska Indian Child Welfare Act.~~

6-002. DEFINITIONS

Biological family includes, but is not limited to, siblings, parents, grandparents, aunts, and uncles.

Child placing agency means an agency licensed by the Nebraska Department of Health and Human Services (DHHS) Division of Public Health as provided in Neb. Rev. Stat. §§ 71-1901 to 71-1906.01.

002.02 Completed written request means that an access form has been completed with all required information and is properly signed by the requester and submitted with the statutory fee, and any required documentation.

Court means a court of competent jurisdiction which granted the adoption.

Department means the Nebraska Department of Health and Human Services (DHHS) Division of Public Health.

Heir means a direct biological descendent of an adopted person.

Putative father means the presumed father of a child.

Relative means the biological parents or biological siblings of the adopted person.

6-0032. REQUIREMENTS FOR ACCESS TO RECORDS ABOUT ADOPTED PERSONS ADOPTED OR FOR WHOM A RELINQUISHMENT OR CONSENT FOR ADOPTION WAS GIVEN PRIOR TO SEPTEMBER 1, 1988. To obtain access to names of relatives or his or her original certificate of birth for a person that was adopted or for whom a relinquishment or consent for adoption was given prior to September 1, 1988, the requester must meet the statutory requirements and must submit to the Department:

~~6-003.01~~ Procedures for access to information about persons adopted or for whom a relinquishment or consent for adoption was given prior to September 1, 1998.

~~6-003.01A~~ A person adopted or for whom a relinquishment or consent for adoption was given prior to September 1, 1988 requesting access to names of relatives or his or her original certificate of birth must:

1. Have been born in the State of Nebraska;
2. Have attained at least the age of 25; and
3. Submit to the Department:

~~a.(A)~~ A written request on a form provided by the Department; ~~a~~ a copy of which is Attachment A, incorporated in these regulations by this reference. Only requests which are complete will be considered;

~~b.(B)~~ Evidence of having attained at least the age of 25 years;

~~c.~~ Evidence of the dates of adoption or placement for adoption;

~~d.(C)~~ Evidence of having been born in the State of Nebraska; and

~~e.(D)~~ The required search fee as established in this chapter.

~~6-003.01B~~ The Department, upon receipt of a complete written request, will determine if a consent form has been signed and filed by any relative of the adopted person and whether an unrevoked nonconsent form is on file with the Department from the biological parent or parents or from the adoptive parent or parents. Copies of relative consent forms are Attachments B and C, copies of biological and adoptive parent nonconsent forms are Attachments D and E, and a copy of the revocation of consent form is Attachment F, all incorporated in these regulations by this reference.

~~6-003.01C~~ The Department will disclose the information on a consent form when:

1. A consent form has been signed and filed and is unrevoked, and
2. No nonconsent form has been filed by an adoptive parent or parents, or by a biological parent or parents.

~~6-003.01D~~ The Department will disclose the information listed on a consent form and provide a copy of the original birth certificate to an adopted person when:

- ~~1. A consent form has been signed and filed by the biological parents or by the biological mother of a child born out-of-wedlock and is unrevoked, and~~
- ~~2. No nonconsent form has been filed by an adoptive parent or parents, or by a biological parent or parents.~~

~~6-003.01E~~ When no consent forms have been filed or if the consent form has been revoked and no nonconsent form has been filed by the biological parent or parents or the adoptive parent or parents, the Department will disclose the following information to the adopted person:

- ~~1. The name and address of the court which issued the adoption decree;~~
- ~~2. The name and address of the child placing agency, if any, involved in the adoption; and~~
- ~~3. The fact that a child placing agency may assist the adopted person in searching for relatives.~~

~~6-003.01F~~ When the Department has information indicating that both biological parents of the adopted person are deceased, or, if only one biological parent is known and the information indicates that parent is deceased and, no nonconsent form has been filed by an adoptive parent or a biological parent, the Department will disclose to the adopted person all information on the adopted person's original birth certificate regarding such deceased parent or parents.

~~6-003.01G~~ When a nonconsent form has been filed by the biological parent or parents, the Department will not disclose any information on the original birth certificate of the adopted person to any person until after the death of the biological parent filing the nonconsent form and the death of the spouse of the biological parent without a court order.

~~6-003.01H~~ When a nonconsent form has been filed by the adoptive parent or parents, the Department will not disclose any information on the original birth certificate of the adopted person prior to the death of the adoptive parent and his/her spouse, if he or she signed the form, without a court order.

~~6-003.02~~ Procedures for access to information for persons for whom a relinquishment or consent for adoption was given on or after September 1, 1988.

~~6-003.02A~~ A person for whom a relinquishment or consent for adoption was given on or after September 1, 1988 requesting access to the names of relatives or to his or her original birth certificate must:

- ~~1. Have been born in the State of Nebraska;~~
- ~~2. Have attained at least the age of 21 years; and~~
- ~~3. Submit to the Department:~~

6-003. REQUIREMENTS FOR ACCESS TO RECORDS ABOUT PERSONS ADOPTED OR FOR WHOM A RELINQUISHMENT OR CONSENT FOR ADOPTION WAS GIVEN ON OR

AFTER SEPTEMBER 1, 1988. To obtain access to the names of relatives or to his or her original birth certificate for a person that was adopted or for whom a relinquishment or consent for adoption was given on or after September 1, 1988, the requester must meet the statutory requirements and must submit to the Department:

- ~~a. (A) A verified complete request access on a form provided by the Department; a copy of which is Attachment G, incorporated in these regulations by this reference. Only requests which are complete will be considered;~~
- ~~b. (B) Evidence of having attained the age of 21 years;~~
- ~~c. (C) Evidence of having been born in the State of Nebraska; and~~
- ~~d. (D) The required search fee as established in this chapter.~~

~~6-003.02B The Department, upon receipt of a complete written request, will determine if there is on file by a biological parent of the adopted person, an unrevoked nonconsent form, a copy of which is Attachment H, incorporated in these regulations by this reference.~~

~~6-003.02B1 If no nonconsent form has been filed by a biological parent of the adopted person, the Department will release to the adopted person the following information:~~

- ~~1. The name and address of the court which issued the adoption decree;~~
- ~~2. The name and address of the child placing agency, if any, involved in the adoption;~~
- ~~3. The fact that a child placing agency or the DHHS Division of Children and Family Services may assist the adopted person in searching for relatives;~~
- ~~4. A copy of the adopted person's original birth certificate; and~~
- ~~5. A copy of the adopted person's medical history and any medical records on file with the Department.~~

~~6-003.02B2 If an unrevoked nonconsent form has been filed by a biological parent of the adopted person, the Department will release to the adopted person a copy of the adopted person's medical history. The medical history will not include the names of the biological parents or relatives of the adopted person or any other identifying information. The Department will not disclose to the adopted person any information contained on the original birth certificate or any other information to any person prior to the death of the biological parent without a court order.~~

~~6-003.03 Disclosure of Information to a Child Placing Agency or the DHHS Division of Children and Family Services.~~

~~6-003.03A If an adopted person of at least 21 years of age for whom relinquishment or consent to adoption was given on or after September 1, 1988 is unable to obtain information about the adopted person's relatives and there is no unrevoked nonconsent form from a biological parent on file with the Department, the Department will:~~

~~6-003.03A1~~ Verify for the child placing agency or the DHHS Division of Children and Family Services, that no unrevoked nonconsent form is on file.

~~6-003.03A2~~ Upon receipt of a written request and the required search fee from the child placing agency or the DHHS Division of Children and Family Services, release to the child placing agency or the DHHS Division of Children and Family Services any information available from Department records regarding the names and locations of the relatives of the adopted person. The child placing agency or the DHHS Division of Children and Family Services must keep such information confidential.

~~6-003.03A2a~~ When any information regarding relatives of an adopted person is provided by the Department to a child placing agency or the DHHS Division of Children and Family Services, the Department must record in the records of the adopted person the following:

- ~~1.~~ The nature of the information disclosed.
- ~~2.~~ The name and employer of the person to whom the information was disclosed; and
- ~~3.~~ The date of the disclosure.

~~6-003.03B~~ The DHHS Division of Children and Family Services or child placing agency which receives information from the Department as provided by these regulations must file a written report with the Department within nine months of receipt of the information. The report must include the following information:

~~6-003.03B1~~ Whether a relative of the adopted person was located and whether a contact between the relative and the adopted person has been arranged or has occurred; or

~~6-003.03B2~~ If no relative has been located, the efforts made to identify and locate relatives of the adopted person.

~~6-003.04~~ Access of an adopted person's heir to original adoptive information upon proof of death of the adopted person, the adopted person's biological parent(s), and the spouse(s) of the biological parent(s), or when at least 100 years have passed since the birth of the adopted person, as provided in Neb. Rev. Stat. § 43-146.17.

~~6-003.04A~~ After July 20, 2002, an heir 21 years of age or older of an adopted person may request access to the adopted person's original adoptive information by providing the Department:

004. REQUIREMENTS FOR ACCESS BY AN ADOPTED PERSON'S HEIR TO ORIGINAL INFORMATION ABOUT THE ADOPTED PERSON. To obtain access to an adopted person's original adoptive information the requester must meet the statutory requirements and must submit to the Department:

- 1.(A)A request on a form provided by the Department; A completed Request for Access to Adoptive Birth Information by Heir, a copy of which is Attachment I, incorporated in these regulations by this reference;

- ~~2.(B)Evidence that s/he the requester is an heir of the adopted person;~~
- ~~3.(C)Evidence that s/he is of having attained the age of 21 years of age or older;~~
- ~~4.(D)Evidence that the adopted person is deceased;~~
- ~~5.(E)Evidence that the adopted person's biological parent(s) is/ or are deceased;~~
- ~~6.(F)Evidence that the spouse(s) of the biological parent(s) is/ or are deceased; and~~
- ~~7.(G)The required fee as established in this chapter 174 NAC 6-005.03.~~

~~6-003.04A1~~ Upon receipt of the required fee, the information in items 1-6 above, and verification of the information as valid, the Department will release to the heir of the adopted person all information on file, including but not limited to:

- ~~1. The name and address of the court that issued the Adoption Decree;~~
- ~~2. The name and address of the child placing agency, if an agency was involved;~~
- ~~3. A copy of the adopted person's original birth certificate;~~
- ~~4. A copy of the adopted person's medical history and any medical records on file with the Department; and~~
- ~~5. Any vital records documents identified during the research to link documents.~~

~~6-003.04B~~ After July 20, 2002, an heir 21 years of age or older of an adopted person may request access to the adopted person's original adoptive information if at least 100 years has passed since the adopted person's birth by providing to the Department:

- ~~1. Evidence that s/he is an heir of the adopted person;~~
- ~~2. Evidence that s/he is 21 years of age or older; and~~
- ~~3. The required fee as established in 174 NAC 6-006.0~~

~~6-003.04B1~~ Upon receipt of the required fee, the information in items 1 and 2 above, and verification of the information as valid, the Department will release to the heir of the adopted person all information on file, including but not limited to:

- ~~1. The name and address of the court that issued the Adoption Decree;~~
- ~~2. The name and address of the child placing agency, if an agency was involved;~~
- ~~3. A copy of the adopted person's original birth certificate; and~~
- ~~4. A copy of the adopted person's medical history and any medical records on file with the Department.~~

~~6-004 MEDICAL HISTORY:~~ A complete medical history must be filed for every person adopted or for whom relinquishment or consent for adoption was given on or after September 1, 1988. The medical history must include, if available, a medical history of the biological mother and father and their biological families, unless the child is foreign born or abandoned. The medical history of the biological parents must include the race, ethnicity, nationality, Indian tribe when applicable and in compliance with the Nebraska Indian Child Welfare Act, or other cultural history, if available. The medical history must be submitted on a form provided by the Department, copies of which are Attachments J and K, incorporated in these regulations by this reference.

005. REQUIREMENTS FOR ACCESS BY AN ADOPTED PERSON'S HEIR TO ORIGINAL INFORMATION ABOUT THE ADOPTED PERSON WHEN A 100 YEARS OR MORE HAS PASSED SINCE THE BIRTH OF THE ADOPTED PERSON. To obtain access to an adopted

person's original adoptive information the requester must meet the statutory requirements and must submit to the Department:

- (A) A request on a form provided by the Department;
- (B) Evidence that the requester is an heir of the adopted person;
- (C) Evidence of having attained the age of 21 years; and
- (D) The required fee as established in this chapter.

6-005006. SCHEDULE OF FEES. The following fees apply to this chapter.

~~6-005.01(A) For each search of the files, the a fee as provided in Neb. Rev. Stat. § 71-612; and~~

~~6-005.02(B) For each certified copy of a birth certificate, an additional fee of \$1; and~~

~~6-005.03(C) For each request by an heir of an adopted person for original birth information on the adopted person, as provided in 174 NAC 6-004, a fee of \$100. This fee includes review of the request, correspondence with the heir, and up to four hours of research to link documents. If more than four hours of research time is required, a fee of \$25 for each additional hour or partial hour will be charged. The fee may be waived by the Department if the requesting party shows that the fee would work an undue financial hardship on the party.~~

~~6-006 REVOCATION OF NONCONSENT FORM~~

~~6-006.01 A revocation of nonconsent by biological parent(s) may be filed at the option of the biological parent(s). The filing of this form will allow the release of information to the adopted person. Copies of the forms to be used are Attachments L and M, incorporated in these regulations by this reference.~~

10/2001

ATTACHMENT A

REQUEST FOR ACCESS TO BIRTH INFORMATION

(For adopted persons when relinquished or consent for an adoption is given prior to September 01, 1988)

Section 43-130, Revised Statutes, as amended: Except as otherwise provided in Nebraska Indian Child Welfare Act, an adopted person twenty-five years of age or older born in this state who desires access to the name of relatives or access to his or her original certificate of birth shall file a written request for such information with the Department of Health and Human Services Finance and Support. The department shall provide a form for making such a request.

Please list all known information so a complete file search can be made to furnish the requested information. Where information is not known, enter "UNKNOWN".

PLEASE PRINT OR TYPE	ORIGINAL RECORD (name before adoption)	ADOPTIVE RECORD (name after adoption)
1. Full name of child	_____	_____
2. Full name of father	_____	_____
3. Full maiden name of mother	_____	_____
4. Date of birth	_____	
5. Place of birth	_____	
6. Sex	_____	

Please indicate which records or information you are requesting:

- Original record of birth, if consent form(s) on file.
- _____ Name(s) and address(es) of biological parent(s) as filed on consent form(s).
- _____ Name(s) and address(es) of biological sibling(s) as filed on consent form(s).

PLEASE REMIT \$8.00 WITH THE COMPLETED REQUEST FORM.

I understand that information can be released to me by the Vital Records Management *only* if consent forms have been filed and not revoked, if nonconsent forms are not on file or they have been revoked, or by court order. If filed forms permit, I wish to be furnished the name and address of the court which issued the adoption decree and the name of the child placement agency, if any, involved in the adoption.

Signature _____

Typed or printed name _____

Street Address or Route Number _____

City _____ State _____ Zip Code _____

FOR OFFICE USE ONLY	
Date received	_____
Amount received	_____
By whom received	_____
Original certificate #	_____
Adoptive certificate #	_____

Vital Records Management
 Department of Health & Human
 Services Finance and Support
 301 Centennial Mall South
 PO Box 95065
 Lincoln, NE 68509-5065
 Questions, call: (402) 471-0918

10/2001

ATTACHMENT A

REQUEST FOR ACCESS TO BIRTH INFORMATION

persons when relinquished or consent for an adoption is given prior to September... Statutes, as amended: Except as otherwise provided in Nebraska Indian... years of age or older born in this state who desires access to the name... of birth shall file a written request for such information with the... and Human... support. The department shall provide a form for making such...

Please list... a complete file search can be made to furnish the... Where information... OWN".

PLEASE	ORIGINAL RECORD (name before adoption)	RECORD (name after adoption)
1. Full name of child	_____	_____
2. Full name of father	_____	_____
3. Full maiden name of mother	_____	_____
4. Date of birth	_____	_____
5. Place of birth	_____	_____
6. Sex	_____	_____

Please indicate which records or information...
 Original record of birth, if consent forms...
 _____ Name(s) and address(es) of biological parent(s).
 _____ Name(s) and address(es) of biological parent(s).

PLEASE REMIT \$8.00 WITH THE COM...
 I understand that information can be provided by... management only if consent forms have been filed and not revoked... have been revoked, or by court order. If filed forms permit, I understand the name... which issued the adoption decree and the name of the... agency, if any, it...

Signature _____
 Typed or printed name _____
 Street Address _____
 City _____ State _____

Date	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Vita...
 Department...
 Services P...
 301 Centennial...
 PO Box 95065
 Lincoln, NE 68509-5065
 Questions, call: (402) 471-0...

CONSENT BY BIOLOGICAL PARENTS FOR RELEASE OF INFORMATION

Section 43-124, Revised Statutes, as amended: "The Department of Health and Human Services Finance and Support shall provide a form which may be signed by a relative indicating the fact that such relative consents to his or her name being released to such relative's adopted person as provided by sections 43-113, 43-119 to 43-146, 71-626, 71-626.01, and 81-627.02. Such consent shall be effective as of the time of filing the form with the Department of Health and Human Services System, Finance and Support."

The information requested in this section is required by Section 43-125, Revised Statutes, as amended, and shall be released by the Department to the adopted person as permitted by Section 43-131, Revised Statutes, as amended.

INFORMATION REGARDING PERSON COMPLETING FORM:
 NAME _____
 If different, name at time this person was born: _____
 Relationship to adopted person: _____

INFORMATION REGARDING ADOPTED PERSON AT THE TIME OF THIS BIRTH:
 Date of Birth: _____
 Place of Birth: _____
 Sex: _____

I hereby authorize that my name, last known address and telephone number may be released to the adopted person. The original birth certificate of the adopted person may be released to the adopted person if all necessary consent forms have been filed. I understand my signature must be notarized as required by Section 43-127, Revised Statutes, as amended.

IMPORTANT NOTICE

You do not have to sign this form. If you do sign it, you are entitled to a copy of it. Your signature on this form allows the Department of Health and Human Services, Finance and Support, to give your name and other information to the adopted person designated, upon his or her written request after reaching twenty-five years of age. You may file additional copies of this consent if your name or address changes. You may revoke this consent at any time by filing a revocation of consent with the Department of Health and Human Services, Finance and Support.

Signature _____
 Typed or Printed Name _____
 Street Address or Route Number _____
 City _____ State _____ Zip Code _____
 Telephone Number _____ Date Signed _____
 Subscribed and sworn to before me this _____ day of _____, 20____
 Notary Public _____
 Commission expires _____ Residing at _____

In addition to the information requested on the attached consent form, any of the following information that you can provide will assist our office in locating the record of the individual to whom you are giving consent for release of information.

Name of adopted individual at birth _____
 Biological father's name _____ Biological father's date of birth _____
 Biological mother's full maiden name and legal name: _____
 (if different from maiden name)
 Biological mother's date of birth _____

FOR OFFICE USE ONLY
 If you have questions, please call:
 (402) 471-0918.
 Date Received _____
 By Whom Received _____

Vital Records Management
 Department of Health and Human Services
 Finance and Support
 301 Centennial Mall South
 P. O. Box 95065
 Lincoln, NE 68509-5065

CONSENT BY BIOLOGICAL PARENTS FOR RELEASE OF INFORMATION

Statutes, as amended: "The Department of Health and Human Services Finance and... by a relative indicating the fact that such relative consents to his or her name being... provided by sections 43-113, 43-119 to 43-146, 71-626, 71-626.01, and 81-626... be... the form with the Department of Health and Human Services System, Finance and Support...

The information on this section is required by Section 43-125, Revised Statutes, as amended... by the Department... permitted by Section 43-131, Revised Statutes, as amended...

INFORMATION REGARDING THE PERSON COMPLETING FORM:
NAME _____
If different, name at birth _____
Relationship to adopted person _____

INFORMATION REGARDING THE PERSON AT THE TIME OF THIS BIRTH:
Date of Birth: _____
Place of Birth: _____
Sex: _____

I hereby authorize that my name and telephone number be released to the adopted person. The original birth certificate of the adopted person shall be released to the adopted person if all necessary consent forms have been filed. I understand my signature is required by Section 43-131, Revised Statutes, as amended.

You do not have to sign this form. If you do, your signature allows the Department of Health and Human Services, Finance and Support to release the name and other information to the adopted person designated, upon his or her written request, if he or she is 18 years of age. You may file additional copies of this consent if your name or address changes. You may revoke this consent at any time by filing a revocation of consent with the Department of Health and Human Services, Finance and Support.

Signature _____
Typed or Printed Name _____
Street Address or Route Number _____
City _____
Telephone Number _____
Subscribed and sworn to before me this _____ day of _____
Commission expires _____ Residing at _____

In addition to the information on the attached consent form, any other information that you can provide will assist our office in releasing information to the individual to whom you are giving consent.

Name of adopted individual _____
Biological father's name _____ Biological mother's name _____
Biological mother's maiden and legal name: _____
Biological father's name (if different from above) _____

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:

Vital Records Manager
Department of Health and Human Services
Finance and Support
301 Centennial Mall South
P. O. Box 95065
Lincoln, NE 68509-5065

MAR 10 2003

ATTACHMENT C

CONSENT BY BIOLOGICAL SIBLINGS FOR RELEASE OF INFORMATION

Section 43-124, Revised Statutes, as amended: "The Department of Health and Human Services System, Finance and Support shall provide a form which may be signed by a relative indicating the fact that such relative consents to his or her name being released to such relative's adopted person as provided by sections 43-113, 43-119 to 43-146, 71-626, 71-626.01, and 81-627.02. Such consent shall be effective as of the time of filing the form with the Department of Health and Human Services System, Finance and Support."

The information requested in this section is required by Section 43-125, Revised Statutes, as amended, and shall be released by the Department to the adopted person as permitted by Section 43-131, Revised Statutes, as amended.

INFORMATION REGARDING PERSON COMPLETING FORM:

NAME _____

If different, name at time this person was born: _____

Relationship to adopted person: _____

INFORMATION REGARDING ADOPTED PERSON AT THE TIME OF THIS BIRTH:

Date of Birth: _____

Place of Birth: _____

Sex: _____

I hereby authorize that my name, last known address and telephone number may be released to the adopted person. I understand my signature must be notarized as required by Section 43-127, Revised Statutes, as amended.

IMPORTANT NOTICE

You do not have to sign this form. If you do sign it, you are entitled to a copy of it. Your signature on this form allows the Department of Health and Human Services, Finance and Support, to give your name and other information to the adopted person designated, upon his or her written request after reaching twenty-five years of age. You may file additional copies of this consent if your name or address changes. You may revoke this consent at any time by filing a revocation of consent with the Department of Health and Human Services, Finance and Support.

Signature _____

Typed or Printed Name _____

Street Address or Route Number _____

City _____ State _____ Zip Code _____

Telephone Number _____ Date Signed _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public _____

Commission expires _____ Residing at _____

In addition to the information requested on the attached consent form, any of the following information that you can provide will assist our office in locating the record of the individual to whom you are giving consent for release of information.

Name of adopted individual at birth _____

Biological father's name _____ Biological father's date of birth _____

Biological mother's full maiden name and legal name (if different from maiden name) _____

Biological mother's date of birth _____

FOR OFFICE USE ONLY

If you have questions, please call:
(402) 471-0918.

Date Received _____

By Whom Received _____

Vital Records Management
 Department of Health and Human Services
 Finance and Support
 301 Centennial Mall South
 P. O. Box 95065
 Lincoln, NE 68509-5065

ATTACHMENT C

CONSENT BY BIOLOGICAL SIBLINGS FOR RELEASE OF INFORMATION

Revised Statutes, as amended: "The Department of Health and Human Services System, Finance and Insurance, shall be authorized to release information regarding an adopted person designated by a relative indicating the fact that such relative consents to his or her name and other information as provided by sections 43-113, 43-119 to 43-146, 71-626, 71-626.01, and 81-670.01, shall be permitted by Section 43-131, Revised Statutes, as amended.

The information required by Section 43-125, Revised Statutes, as amended, and the Department of Health and Human Services System, Finance and Insurance, shall be permitted by Section 43-131, Revised Statutes, as amended.

INFORMATION REGARDING THE PERSON COMPLETING FORM:

NAME _____

If different, name at time of birth _____

Relationship to adopted person _____

INFORMATION REGARDING ADOPTED PERSON AT THE TIME OF THIS BIRTH:

Date of Birth: _____

Place of Birth: _____

Sex: _____

I hereby authorize that my name, address, and telephone number be used by the Department of Health and Human Services, Finance and Insurance, to contact the adopted person. I understand my signature must be in accordance with Section 43-131, Revised Statutes, as amended.

You do not have to sign this form. If you do, your signature on this form allows the Department of Health and Human Services, Finance and Insurance, to release information and other information to the adopted person designated, upon his or her written request, if he or she is 18 years of age. You may file additional copies of this consent if your name or address changes. You may revoke your consent at any time by filing a revocation of consent with the Department of Health and Human Services, Finance and Insurance.

Signature _____

Typed or Printed Name _____

Street Address or Route Number _____

City _____ State _____

Telephone Number _____

Subscribed and sworn to before me this _____ day of _____, 2003.

Commission expires _____

Public _____

In addition to the information provided on this consent form, any of the following information will assist our office in locating the record of the individual who gave consent for release of information.

Name of adopted individual _____

Biological father's name _____ Biological father's date of birth _____

Biological mother's name (if different from maiden name) _____ Biological mother's date of birth _____

FOR OFFICIAL USE ONLY:

Vital Records Management
 Department of Health and Human Services
 Finance and Support
 301 Centennial Mall South
 P. O. Box 95065
 Lincoln, NE 68509-5065

**NONCONSENT BY BIOLOGICAL PARENT FOR RELEASE OF INFORMATION FOR
ADOPTED PERSONS FOR WHOM RELINQUISHMENT OR CONSENT FOR
ADOPTION WAS GIVEN ON OR AFTER SEPTEMBER 1, 1988**

(Nebraska Department of Health and Human Services Finance and Support)

Section 43-146.06, Nebraska Revised Statutes, Supplement 1988. "A biological parent may at any time file a notice of nonconsent with the bureau stating that at no time prior to his or her death may any information on the adopted person's original birth certificate or any other identifying information, except medical histories as provided in Section 43-107, be released to such adopted person. Failure by a biological parent to sign the notice of nonconsent shall be deemed a notice of consent by such parent to release the adopted person's original birth certificate to such adopted person."

INFORMATION REGARDING PERSON COMPLETING FORM	INFORMATION REGARDING ADOPTED PERSON
Name at time of this birth _____	Name at birth _____
Present name _____	Sex _____ Date of birth _____
Relationship to adopted person _____	Place of birth _____ Nebraska <small>(City or County)</small>
	Father _____ <small>(Biological)</small>
	Mother _____ <small>(Biological)</small>

No information contained in the original birth certificate or any other identifying information, except medical histories as provided in section 43-107, shall be released prior to the death of the parent signing the form.

I the undersigned do understand the effects and consequences of filing, or not filing, this nonconsent form.

Signature _____
 Typed or Printed Name _____
 Street Address or Route Number _____
 City _____ State _____ Zip Code _____
 Telephone Number _____
 Date Signed _____
 Subscribed and sworn to before me this _____ day of _____ 19 _____
 Notary Public _____
 Commission expires _____ Residing at _____

IMPORTANT NOTICE

Department

You do not have to sign this form. If you do sign it, you are entitled to a copy of it. Your signature on this form means that the Bureau of Vital Statistics will not disclose any information contained in the original birth certificate of the adopted person or any other identifying information to any person prior to your death without a court order. If you later decide that you do not object to the release of such information, you may file a form stating that purpose.

FOR VITAL STATISTICS USE ONLY (Office)

Date received _____
 By whom received _____

Vital Records Management
 Vital Statistics Section
 NE Health and Human Services
 PO Box 95065
 Lincoln, NE 68509-5065

NC - September 1988
 (Rev. 11-88) (Rev. 2002)

Department of Health and Human Services Finance and Support

CONSENT BY BIOLOGICAL PARENT FOR RELEASE OF INFORMATION
PERSONS FOR WHOM RELINQUISHMENT OR CONSENT
ADoption WAS GIVEN ON OR AFTER SEPTEMBER 1, 1988

(Nebraska Department of Health and Human Services)

Nebraska Revised Statutes, Supplement 1988. "A biological parent
in agreement with the bureau stating that at no time prior to his or her
in the adopted person's original birth certificate or any other identifying
except as provided in Section 43-107, be released to such adopted person
biological parent's notice of nonconsent shall be deemed a notice of consent to
release the original birth certificate to such adopted person.

INFORMATION FOR COMPLETING FORM	INFORMATION FOR ADOPTED PERSON
Name at time of adoption _____	Name at time of adoption _____
Present name _____	Sex _____
Relationship to adopted person _____	Place of birth _____ Nebraska
_____	_____ (City)
_____	_____ (State)
_____	_____ (Biological)

No information contained in the original birth certificate or any other identifying information, except
medical histories as provided in section 43-107, shall be released to the adopted person prior to the death of the parent sign-
ing the form.

I the undersigned do understand the effect of filing, or not filing, this nonconsent
form.

Signature _____

Typed or Printed Name _____

Street Address or Rural Route _____

City _____ Zip Code _____

Telephone Number _____

Date Signed _____

Subscriber's Name _____

Notary Public _____

Commission Expires _____

IMPORTANT NOTICE

You do not have to sign this form. If you do sign it, you are entitled to a refund of the fee. The signature on
this form is kept confidential. The Bureau of Vital Statistics will not disclose any information on the
original birth certificate to the adopted person or any other identifying information without a court order. If you later decide that you do not
want to file a form stating that purpose.

FOR OFFICIAL USE ONLY (Office)

Vital Records Manager
Vital Statistics Section
NE Health and Human Services
PO Box 95065
Lincoln, NE 68509-5065

10:30

ATTACHMENT E

NONCONSENT BY ADOPTIVE PARENTS FOR RELEASE OF INFORMATION

Section 43-143, Revised Statutes, as amended: "An adoptive parent or parents may at any time, if they desire, file a notice of nonconsent with the bureau stating that at no time prior to his or her death or the death of both parents if each signed the form may any information on the adopted person's original birth certificate be released to such adopted person. The provisions of this section shall not apply to persons subject to the Nebraska Indian Child Welfare Act."

INFORMATION REGARDING PERSON COMPLETING FORM:
Name _____
If different, name at time this person was adopted: _____
Relationship to adopted person _____

INFORMATION REGARDING ADOPTED PERSON
Adoptive Name _____
Date of Birth _____
Place of Birth _____
Sex _____

No information concerning the information contained on the original birth certificate of the adopted person shall be released prior to the death of the adoptive parent or parents signing this form.

IMPORTANT NOTICE
You do not have to sign this form. If you do sign it, you are entitled to a copy of it. Your signature on this form means that the Vital Statistics Section will not disclose any information contained on the birth certificate of the adopted person to any person prior to your death and the death of your spouse, if he or she signed the form, without a court order. If you later decide that you do not object to the release of such information, you may file a form stating that purpose.

Signature _____

Typed or Printed Name _____

Street Address of Route Number _____

City _____ State _____ Zip Code _____

Telephone Number _____ Date Signed _____

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public

Commission expires _____ Residing at _____

If you have questions, please call: 402-471-0918

FOR VITAL STATISTICS USE ONLY
Date Received: _____
By Whom Received: _____

Vital Statistics Section
Nebraska Health and Human Services
301 Centennial Mall South, 3rd Floor
P. O. Box 95065
Lincoln, NE 68509-5065

REV. 10/2002

ATTACHMENT E

NONCONSENT BY ADOPTIVE PARENTS FOR RELEASE OF INFORMATION

Section 48-115 Statutes, as amended: "An adoptive parent or parents may at any time file a statement with the bureau stating that at no time prior to his or her death or the death of the adopted person shall information on the adopted person's original birth certificate be released to any person. The provisions of this section shall not apply to persons subject to the Nebraska Indian Child Welfare Act."

INFORMATION FOR ADOPTIVE PARENTS COMPLETING FORM:
Name _____
If different, name of adoptive parent _____
Relationship to adopted person _____

INFORMATION FOR ADOPTED PERSON:
Adoptive Name _____
Date of Birth _____
Place of Birth _____
Sex _____

No information concerning the adopted person shall be released from the Vital Statistics Section of the State of Nebraska if the adoptive parent or parents signing this form.

You do not have to sign this form if you do not want to. If you do not sign a copy of it. Your signature on this form means that the Vital Statistics Section of the State of Nebraska will not release information contained on the birth certificate of the adopted person to anyone other than you and the death of your spouse, if he or she signed the form, without a court order. If you do not object to the release of such information, you may file a form stating so.

Signature _____

Typed or Printed Name _____

Street Address of Route Number _____

City _____ Zip Code _____

Telephone Number _____

Subscribed and sworn to _____ day of _____

Notary Public _____

Commission Expires _____ Residing at _____

If you have questions, please call:

FOR USE ONLY

Vital Statistics Section
Nebraska Health and Human Services
301 Centennial Mall South, 3rd Floor
P. O. Box 95065
Lincoln, NE 68509-5065

ATTACHMENT F

REVOCATION OF CONSENT BY BIOLOGICAL PARENTS OR BIOLOGICAL SIBLINGS FOR RELEASE OF INFORMATION

Section 43-126, Revised Statutes, as amended: "At any time after signing the consent form, a relative may revoke such consent form. A form for revocation of consent shall be provided by the ~~bureau~~. The revocation shall be effective as of the time of filing the form with the ~~bureau~~." (Nebraska Department of Health and Human Services Finance and Support; Department

INFORMATION REGARDING PERSON COMPLETING FORM	INFORMATION REGARDING ADOPTED PERSON
Name _____	Name at birth _____
If different, name at time this person was born _____	Place of Birth _____
Relationship to adopted person _____	Date of Birth _____
	Sex _____

I hereby revoke my consent to have any information pertaining to myself released to the adopted person.

Signature _____
 Typed or Printed Name _____
 Street Address or Route Number _____
 City _____ State _____ Zip Code _____
 Telephone Number _____
 Date Signed _____

Subscribed and sworn to before me this _____ day of _____,

Notary Public _____

Commission expires _____ Residing at _____

IMPORTANT NOTICE

Department
 You do not have to sign this form. If you do sign it, you are entitled to a copy of it. Your signature on this form means that the ~~Bureau of Vital Statistics~~ will not disclose your name or address to any person without a court order. If you sign this form and later decide you do want your name and address given to a relative properly requesting this information, you may file another consent for that purpose.

(Office)

FOR VITAL STATISTICS USE ONLY
Date received _____
By whom received _____

Vital Records Management
~~Bureau of Vital Statistics~~
~~Health and Human Services~~
 P.O. Box 95065
 Lincoln, Nebraska 68509-5065
 Department of Health and Human Services
 Finance and Support

REVOCATION OF CONSENT BY BIOLOGICAL PARENTS OR BIOLOGICAL SIBLINGS FOR RELEASE OF INFORMATION

Statutes, as amended: "At any time after signing the... consent form. A form for revocation of consent shall be effective as of the time of filing the... Bureau of Health and Human Services Finance and...

INFORMATION ON COMPLETING FORM	INFORMATION REGARDING
Name _____	Name at birth _____
If different, name at time the person was born _____	Place of Birth _____
Relationship to adopter _____	Date of Birth _____
	Sex _____

I hereby revoke my consent for information pertaining to _____ to be released to the adopted person.

Signature _____

Typed or Printed Name _____

Street Address or _____

Route Number _____

City _____ Zip Code _____

Telephone Number _____

Date Signed _____

Subscribed and sworn to before _____

Commission expires _____ Res _____

IMPORTANT NOTICE

You do not have to sign this form if you do not want to. If you do sign it, you are giving the Department of Health and Human Services a copy of it. Your signature and name or address will be disclosed to the Bureau of Vital Statistics without a court order. If you later decide you do want the information given to a relative properly, you may file a request for that purpose.

FOR OFFICIAL USE ONLY

Vital Records
 Bureau of Vital Statistics
 Health and Human Services
 P.O. Box 95065
 Lincoln, Nebraska
 Department of Health and Human Services
 Finance and Support

EXP 10 2008

ATTACHMENT G

REQUEST FOR ACCESS TO BIRTH INFORMATION

(For adopted persons when relinquished or consent for an adoption is given on or after **September 01, 1988**)

Section 43-146.04, Revised Statutes, as amended: an adopted person twenty-one years of age or older born in this state who desires access to the names of relatives or access to his or her original certificate of birth shall file a written request for such information with the Department of Health and Human Services Finance and Support. The department shall provide a form for making such a request.

Please list all known information so a complete file search can be made to furnish the requested information. Where information is not known, enter "UNKNOWN".

PLEASE PRINT OR TYPE	ORIGINAL RECORD (name before adoption)	ADOPTIVE RECORD (name after adoption)
1. Full name of child	_____	_____
2. Full name of father	_____	_____
3. Full maiden name of mother	_____	_____
4. Date of birth	_____	_____
5. Place of birth	_____	_____
6. Sex	_____	_____

Please indicate which records or information you are requesting:

- Original record of birth, if there is no nonconsent form(s) on file.
- Name(s) and address(es) of biological sibling(s) as filed on consent form(s).
- A copy of the medical history and any medical records on file.

PLEASE REMIT \$8.00 WITH THE COMPLETED REQUEST FORM.

I understand that the name and address of the court which issued the adoption decree, the name of the child placement agency, if any, involved in the adoption, the original birth certificate and medical history, if any, can be released to me by the Vital Records Management *only* if no nonconsent forms have been filed, or by court order. If a nonconsent form is on file, *only* the medical history, if any, may be released.

Signature _____
 Typed or printed name _____
 Street Address or Route Number _____
 City _____ State _____ Zip Code _____

FOR OFFICE USE ONLY	
Date received	_____
Amount received	_____
By whom received	_____
Original certificate #	_____
Adoptive certificate #	_____

Vital Records Management
 Department of Health & Human
 Services Finance and Support
 301 Centennial Mall South
 PO Box 95065
 Lincoln, NE 68509-5065 Questions,
 call: (402) 471-0918



Vital Statistics

NONCONSENT BY BIOLOGICAL PARENT FOR RELEASE OF INFORMATION FOR ADOPTED PERSONS FOR WHOM RELINQUISHMENT OR CONSENT FOR ADOPTION WAS GIVEN ON OR AFTER SEPTEMBER 1, 1988

Section 43-146.06, Nebraska Revised Statutes, Supplement 1988. "A biological parent may at any time file a notice of nonconsent with the bureau stating that at no time prior to his or her death may any information on the adopted person's original birth certificate or any other identifying information, except medical histories as provided in Section 43-107, be released to such adopted person. Failure by a biological parent to sign the notice of nonconsent shall be deemed a notice of consent by such parent to release the adopted person's original birth certificate to such adopted person."

INFORMATION REGARDING PERSON COMPLETING FORM

INFORMATION REGARDING ADOPTED PERSON

Name at time of this birth _____

Name at birth _____

Present name _____

Sex _____ Date of Birth _____

Relationship to adopted person _____

Place of Birth _____ Nebraska
(City or county)

Biological Father _____

Biological Mother _____

No information contained in the original birth certificate or any other identifying information, except medical histories as provided in section 43-107, shall be released prior to the death of the parent signing the form.

I the undersigned do understand the effects and consequences of filing, or not filing, this nonconsent form.

Signature _____

Typed or Printed Name _____

Street Address or Route Number _____

City _____ State _____ Zip _____

Telephone Number _____

Date Signed _____

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public _____

Commission Expires _____ Residing at _____

IMPORTANT NOTICE

You do not have to sign this form. If you do sign it, you are entitled to a copy of it. Your signature on this form means that the Bureau of Vital Statistics will not disclose any information contained in the original birth certificate of the adopted person or any other identifying information to any person prior to your death without a court order. If you later decide that you do not object other release of such information, you may file a form stating that purpose.

FOR VITAL STATISTICS USE ONLY

Date received _____

By whom received _____

Vital Statistics Section
Nebraska Department of Health and Human Services
PO Box 95065
Lincoln, NE 68509-5065

JUN 18 2012



NONCONSENT BY BIOLOGICAL PARENT FOR RELEASE OF INFORMATION FOR ADOPTED PERSONS FOR WHOM RELINQUISHMENT OR CONSENT FOR ADOPTION WAS GIVEN ON OR AFTER SEPTEMBER 1, 1988

Section 43-107, Revised Statutes, Supplement 1988. "A biological parent may at any time give nonconsent to the release of information from the original birth certificate stating that at no time prior to his or her death may any information contained in the original birth certificate, including identifying information, except medical histories as provided in section 43-107, be released to such adopted person. The biological parent to sign the notice of nonconsent shall be the biological parent of consent by such parent to release information from the original birth certificate to such adopted person."

INFORMATION REQUIRED BY COMPLETING FORM **INFORMATION REQUIRED BY ADOPTED PERSON**

Name at time of this birth _____ Name at birth _____

Present name _____ Sex _____

Relationship to adopted person, _____ Place of Birth _____ Nebraska

Biological parent's name _____

No information contained in the original birth certificate, including identifying information, except medical histories as provided in section 43-107, shall be released prior to the death of the biological parent of the adopted person.

I the undersigned do understand the effects and consequences of filing, this nonconsent form.

Signature _____

Typed or Printed Name _____

Street Address or Route Number _____

City _____ State _____ Zip _____

Telephone Number _____

Date Signed _____

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public _____

Commission Expires _____ Residing at _____

IMPORTANT NOTICE

You do not have to sign this form if you do not want to. If you do sign it, you are entitled to a copy of it. Your signature is not to be used to disclose any information contained in the original birth certificate to any person prior to your death without a court order. If you later decide to change your mind, you may file a form stating that purpose.

OFFICIALS USE ONLY

Date received _____

By whom received _____

Vital Statistics Section
Nebraska Department of Health and Human Services
PO Box 95065
Lincoln, NE 68509-5065

JUN 18 2012

10 2009

ATTACHMENT I

REQUEST FOR ACCESS TO ADOPTIVE BIRTH INFORMATION BY HEIR

For the heir upon the death of an adopted person meeting the following conditions: both biological parents of the adopted person are deceased or if only one of the biological parents is known, such parent is deceased, and each spouse of the biological parent or parents of the adopted person, if any is deceased if such a spouse is not a biological parent or at least one hundred years has passed since the birth of the adopted person.

Please list all known information so a complete file search can be made to furnish the requested information. Where information is not known, enter "UNKNOWN".

PLEASE PRINT OR TYPE	ORIGINAL RECORD	ADOPTIVE RECORD
1. Full name of child	_____	_____
2. Full name of father	_____	_____
3. Maiden name of mother	_____	_____
4. Date of birth	_____	_____
5. Place of birth	_____	_____
6. Sex	_____	_____

Indicated below is information which may be released if on file with this office

Adoptive and Original record of birth on file

The name and address of court that issued the adoption decree

A copy of the medical history and any medical records on file

Name of the child placement agency if any

PLEASE REMIT \$ _____ WITH THE COMPLETED REQUEST FORM.

Signature _____

Typed or printed name _____

Street Address or Route Number _____

City _____ State _____ Zip Code _____

FOR OFFICE USE ONLY	
Date received	_____
Amount received	_____
By whom received	_____
Access by Heir	08/2002

mso/heiraccess

Vital Records Management
 Department of Health & Human
 Services Finance and Support
 301 Centennial Mall South
 PO Box 95065
 Lincoln, NE 68509-5065
 Questions call: (402) 471-0918

10 2009

ATTACHMENT I

REQUEST FOR ACCESS TO ADOPTIVE BIRTH INFORMATION BY HEIR

...the death of an adopted person meeting the following conditions: ... person are deceased or if only one of the biological parents ... each spouse of the biological parent or parents of the ... a spouse is not a biological parent or at least one biological parent has passed since the birth of the adopted person.

Please provide information so a complete file search can be made. If information is not known, enter "UNKNOWN".

PLEASE PRINT NAME OF ORIGINAL RECORD AND ADOPTIVE RECORD

1. Full name of adoptive parent _____

2. Full name of biological parent _____

3. Maiden name of biological parent _____

4. Date of birth _____

5. Place of birth _____

6. Sex _____

Indicated below is information which is to be provided with this office

- Adoptive and Original record of birth certificate
- The name and address of court
- A copy of the medical history
- Name of the child placement agency

PLEASE REMIT \$ _____ WITH REQUEST FORM.

Signature _____

Typed or printed name _____

Street Address _____

City _____ State _____

FOR THE SIGNATURE OF THE HEIR

Heir 08/2002

Access

Management

Human Resources & Support

Lincoln

Questions

NEBRASKA ADOPTION MEDICAL HISTORY (BIRTH MOTHER)

WE WISH TO OBTAIN AS COMPLETE A MEDICAL HISTORY FOR THE CHILD AS POSSIBLE. PLEASE COMPLETE ALL OF THE SECTIONS. IF THE BIRTH PARENTS, GRANDPARENTS, SIBLINGS, AUNTS OR UNCLES HAVE HAD OR NOW HAVE ANY OF THE MEDICAL CONDITIONS LISTED IN SECTION 4, PLACE A CHECK IN THE APPROPRIATE SPACE.

WHEN LISTING INFORMATION PERTINENT TO OTHER FAMILY MEMBERS, DO NOT ENTER PROPER NAMES. LIST ONLY THE RELATIONSHIP SUCH AS SISTER, UNCLE, AUNT, ETC.

IF ADDITIONAL SPACE IS NEEDED, REFER TO COMMENT SECTION ON PAGES 4 AND 4-A OR ATTACH AN ADDITIONAL SHEET.

Section 1. Birth name of child _____ Date of birth _____
Place of birth _____ City and State _____
Mother _____ Father _____

Section 2. This form is completed by _____, whose relationship to _____
is _____
Date _____

Section 3. General State of Health of Child (Please explain, in brief, the present health of this child).

BIRTH MOTHER

Section 4. Medical History Health Condition	SELF		FAMILY		COMMENTS If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
DISEASES OF THE CIRCULATORY SYSTEM					
Rheumatic fever					
Heart trouble					
High or low blood pressure					
Stroke					
Heart attack (coronary)					
Other (specify)					
DISEASES OF THE RESPIRATORY SYSTEM					
Sinusitis					
Hay fever/other respiratory allergies					
Asthma					
Tuberculosis, emphysema					
Chronic respiratory disease					
Cystic fibrosis					
Other (specify)					
DISEASES OF THE DIGESTIVE SYSTEM					
Stomach, liver or intestines					
Gall bladder or gallstones					
Other (specify)					
DENTAL PROBLEMS					
Orthodontia					
DISEASES OF THE URINARY SYSTEM					
Kidney or bladder disorder					
Other (specify)					
DISEASES OF THE SKIN					
Eczema					
Dermatitis					
Other (specify)					
MUSCLE DISORDERS					
Muscular Dystrophy					
Muscle weakness					
Other (specify)					
DISORDER OF THE BONES/ CONNECTIVE TISSUES					
Swollen or painful joints					
Arthritis, rheumatism or bursitis					
Bone, joint or other deformity					
Scoliosis					
Open spine					
Lupus					
Other (specify)					
DISEASES OF THE NERVOUS SYSTEM					

JUN 8 2016

BIRTH MOTHER

Section 4. Medical History Health Condition	SELF		FAMILY		COMMENTS If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
Multiple sclerosis					
Tremors					
Seizures, convulsions, epilepsy					
Other paralysis or crippling disorder					
DISORDER OF THE SENSE ORGANS					
Color blindness					
Hearing loss					
Night blindness					
Other (specify)					
DISEASES OF THE BLOOD					
Thalassemia					
Sickle cell anemia					
Anemia					
Hemophilia					
Bleeding disorder					
Other (specify)					
CANCERS					
Specify type and location, if known					
ENDOCRINE AND METABOLIC DISORDERS					
Diabetes					
Thyroid					
Phenylketonuria (PKU)					
Other hormone disorders					
Other (specify)					
BIRTH DEFECTS					
Club foot					
Heart defect					
Cleft lip or cleft palate					
Cerebral palsy					
Down syndrome					
Other deformities at birth					
Other (specify)					
INFECTIOUS DISEASES					
Sexually transmitted diseases (e.g. syphilis,					
Gonorrhea, herpes, AIDS (HIV Carrier)					
Hepatitis					
MENTAL DISORDERS					
Retardation					
Schizophrenia					
Manic depressive					
Severe depression					
Suicide					
Other (specify)					

JUN 18 2012

BIRTH MOTHER

Section 4. Medical History Health Condition	SELF		FAMILY		COMMENTS If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
COMPLICATIONS OF PREGNANCY/ CHILDBIRTH					
Premature births, miscarriage					
Stillbirths					
Multiple births					
Infant deaths and SIDS (crib deaths)					
OTHER MISCELLANEOUS DISORDERS					
Speech					
Eating(anorexia, bulimia, etc.)					
Learning disability					
Alcoholism					
Chronic drunkenness					
Drug dependency					
Cerebral palsy					
Exposure to poisons or other chemicals					
Food sensitivities					

LIST ADDITIONAL COMMENTS BELOW OR ATTACH A STATEMENT

FOR COURT USE ONLY

RELEASE OF MEDICAL HISTORY

Adoption Agency/Agent _____ Date _____

Court of Jurisdiction _____ Date _____

Adoptive Parents _____ Date _____

Adoptee _____ Date _____

Bureau of Vital Statistics _____ Date _____

JUN 18 2012

NEBRASKA ADOPTION MEDICAL REPORT (Birth Mother)

Section 5. Cultural History of Birth Mother

What is the Mother's Race? (May list more than one race) i.e. White, Black or African, Other

What is the Mother's Ethnicity? (May list more than one origin i.e. French, German, Irish, Spanish/Hispanic/Latina)

What is the Mother's Nationality? (City & State, Territory, or Foreign Country)

Is the Mother American Indian or Alaska Native? (List name of enrolled or principal Tribe)

Mother may include any additional Cultural History. (Social history, education achievements, personality and any other interest)

JUN 18 2012

NEBRASKA ADOPTION MEDICAL HISTORY (BIRTH MOTHER)

WE WISH TO COMPLETE A MEDICAL HISTORY FOR YOU AS FAR AS POSSIBLE. PLEASE COMPLETE ALL SECTIONS. IF THE BIRTH PARENTS, GRANDPARENTS, SIBLINGS, AUNTS OR UNCLE HAVE HAD OR NOW HAVE ANY MEDICAL CONDITIONS LISTED IN SECTION 1, CHECK IN THE APPROPRIATE BOX.

WHEN LISTING INFORMATION ABOUT OTHER RELATIVES, DO NOT ENTER PROPER NAMES. LIST ONLY RELATIONSHIP SUCH AS GRANDFATHER, UNCLE, AUNT, ETC.

IF ADDITIONAL SPACE IS NEEDED TO COMPLETE SECTION ON PAGES 4 AND 4-A OR ATTACH AN ADDITIONAL SHEET.

Section 1. Birth name of child _____
Place of birth _____
Mother _____

Section 2. This form is completed by _____, whose relationship to the child is _____
Date _____

Section 3. General Health of Child (Please explain, in brief, the present health of the child)



JUN 18 2012

BIRTH MOTHER

Section 4. Medical History Health Condition	SELF		FAMILY		COMMENTS If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
DISEASES OF THE CIRCULATORY SYSTEM					
Rheumatoid arthritis					
Heart trouble					
High or low blood pressure					
Stroke					
Heart attack (coronary artery disease)					
Other (specify)					
DISEASES OF THE RESPIRATORY SYSTEM					
Sinusitis					
Hay fever/other respiratory allergies					
Asthma					
Tuberculosis, emphysema					
Chronic respiratory disease					
Cystic fibrosis					
Other (specify)					
DISEASES OF THE DIGESTIVE SYSTEM					
Stomach, liver or intestines					
Gall bladder or gallstones					
Other (specify)					
DENTAL PROBLEMS					
Orthodontia					
DISEASES OF THE URINARY SYSTEM					
Kidney or bladder disorder					
Other (specify)					
DISEASES OF THE SKIN					
Eczema					
Dermatitis					
Other (specify)					
MUSCLE DISORDERS					
Muscular Dystrophy					
Muscle weakness					
Other (specify)					
DISORDER OF THE CONNECTIVE TISSUE					
Swollen joints					
Arthritis (osteoarthritis, rheumatoid arthritis)					
Bothering deformity					
Open spine					
Lupus					
Other (specify)					
DISEASES OF THE NERVOUS SYSTEM					

JUN 8 2015

BIRTH MOTHER

Section 4. Medical History
Health Condition

SELF		FAMILY	
Yes	No	Yes	No

COMMENTS
If yes, specify which family member and indicate the date of onset, treatment, medication, etc.

Mental illness				
Tremor				
Seizure disorder				
Other psychiatric disorder				
DISORDER OF VISION				
Color blindness				
Hearing loss				
Night blindness				
Other (specify)				
DISEASES OF THE BLOOD				
Thalassemia				
Sickle cell anemia				
Anemia				
Hemophilia				
Bleeding disorder				
Other (specify)				
CANCERS				
Specify type and location, if known				
ENDOCRINE AND METABOLIC DISORDERS				
Diabetes				
Thyroid				
Phenylketonuria (PKU)				
Other hormone disorders				
Other (specify)				
BIRTH DEFECTS				
Club foot				
Heart defect				
Cleft lip or cleft palate				
Cerebral palsy				
Down syndrome				
Other deformities and				
Other (specify)				
INFECTIOUS DISEASES				
Sexually transmitted disease, e.g., syphilis,				
Gonorrhea (HIV Carrier)				
Hepatitis				
Malaria				
Schistosomiasis				
Chloroquine				
Manic depressive				
Severe depression				
Suicide				
Other (specify)				

JUN 18 2012

BIRTH MOTHER

Secondary Health History	SELF		FAMILY		COMMENTS If yes, specify which family member, the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
COMPLICATIONS DURING PREGNANCY/ CHILD BIRTH					
Premature					
Stillbirths					
Multiple births					
Infant deaths and Stillbirths					
OTHER MISCELLANEOUS DISORDERS					
Speech					
Eating (anorexia, bulimia, etc.)					
Learning disability					
Alcoholism					
Chronic drunkenness					
Drug dependency					
Cerebral palsy					
Exposure to poisons or other chemicals					
Food sensitivities					

LIST ADDITIONAL COMMENTS BELOW OR AT THE END OF THE REPORT

FOR COURT USE ONLY

RELEASE OF MEDICAL RECORDS

Adoption Agency/Agency Date _____

Court of Jurisdiction Date _____

Adoptive Parent(s) Date _____

Adoptee Date _____

Bureau Date _____

JUN 18 2012

NEBRASKA ADOPTION MEDICAL REPORT (Birth Mother)

Section of Birth Mother

What is the Mother's Race? (List all races if more than one race) i.e. White, Black or African, Other

What is the Mother's Ethnicity? (List all ethnicities if more than one origin i.e. French, German, Hispanic/Latina)

What is the Mother's Nationality? (City & State if American, Foreign if Foreign)

Is the Mother American Indian or Alaska Native? (List all tribes if more than one Principal Tribe)

Mother may include any additional Cultural, Educational, Employment, History, Interests, Personality and any other interest)

JUN 18 2012

NEBRASKA ADOPTION MEDICAL HISTORY (BIRTH FATHER)

WE WISH TO OBTAIN AS COMPLETE A MEDICAL HISTORY FOR THE CHILD AS POSSIBLE. PLEASE COMPLETE ALL OF THE SECTIONS. IF THE BIRTH PARENTS, GRANDPARENTS, SIBLINGS, AUNTS OR UNCLES HAVE HAD OR NOW HAVE ANY OF THE MEDICAL CONDITIONS LISTED IN SECTION 4, PLACE A CHECK IN THE APPROPRIATE SPACE.

WHEN LISTING INFORMATION PERTINENT TO OTHER FAMILY MEMBERS, DO NOT ENTER PROPER NAMES. LIST ONLY THE RELATIONSHIP SUCH AS SISTER, UNCLE, AUNT, ETC.

IF ADDITIONAL SPACE IS NEEDED, REFER TO COMMENT SECTION ON PAGES 4 AND 4-A OR ATTACH AN ADDITIONAL SHEET.

Section 1. Birth name of child _____ Date of birth _____
Place of birth _____ City and State _____
Father _____ Mother _____

Section 2. This form is completed by _____, whose relationship to _____
is _____
Date _____

Section 3. General State of Health of Child (Please explain, in brief, the present health of this child).

JUN 18 2012

BIRTH FATHER

Section 4. Medical History Health Condition	SELF		FAMILY		COMMENTS If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
DISEASES OF THE CIRCULATORY SYSTEM					
Rheumatic fever					
Heart trouble					
High or low blood pressure					
Stroke					
Heart attack (coronary)					
Other (specify)					
DISEASES OF THE RESPIRATORY SYSTEM					
Sinusitis					
Hay fever/other respiratory allergies					
Asthma					
Tuberculosis, emphysema					
Chronic respiratory disease					
Cystic fibrosis					
Other (specify)					
DISEASES OF THE DIGESTIVE SYSTEM					
Stomach, liver or intestines					
Gall bladder or gallstones					
Other (specify)					
DENTAL PROBLEMS					
Orthodontia					
DISEASES OF THE URINARY SYSTEM					
Kidney or bladder disorder					
Other (specify)					
DISEASES OF THE SKIN					
Eczema					
Dermatitis					
Other (specify)					
MUSCLE DISORDERS					
Muscular Dystrophy					
Muscle weakness					
Other (specify)					
DISORDER OF THE BONES/ CONNECTIVE TISSUES					
Swollen or painful joints					
Arthritis, rheumatism or bursitis					
Bone, joint or other deformity					
Scoliosis					
Open spine					
Lupus					
Other (specify)					
DISEASES OF THE NERVOUS SYSTEM					

111 2012

BIRTH FATHER

Section 4. Medical History Health Condition	SELF		FAMILY		COMMENTS If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
Multiple sclerosis					
Tremors					
Seizures, convulsions, epilepsy					
Other paralysis or crippling disorder					
DISORDER OF THE SENSE ORGANS					
Color blindness					
Hearing loss					
Night blindness					
Other (specify)					
DISEASES OF THE BLOOD					
Thalassemia					
Sickle cell anemia					
Anemia					
Hemophilia					
Bleeding disorder					
Other (specify)					
CANCERS					
Specify type and location, if known					
ENDOCRINE AND METABOLIC DISORDERS					
Diabetes					
Thyroid					
Phenylketonuria (PKU)					
Other hormone disorders					
Other (specify)					
BIRTH DEFECTS					
Club foot					
Heart defect					
Cleft lip or cleft palate					
Cerebral palsy					
Down syndrome					
Other deformities at birth					
Other (specify)					
INFECTIOUS DISEASES					
Sexually transmitted diseases (e.g. syphilis,					
Gonorrhea, herpes, AIDS (HIV Carrier)					
Hepatitis					
MENTAL DISORDERS					
Retardation					
Schizophrenia					
Manic depressive					
ever depression					
Suicide					
Other (specify)					

JUN 18 2012

BIRTH FATHER

Section 4. Medical History Health Condition	SELF		FAMILY		COMMENTS If yes, specify which family member and indicate the date of onset, treatment, medication, etc.
	Yes	No	Yes	No	
COMPLICATIONS OF PREGNANCY/ CHILDBIRTH					
Premature births, miscarriage					
Stillbirths					
Multiple births					
Infant deaths and SIDS (crib deaths)					
OTHER MISCELLANEOUS DISORDERS					
Speech					
Eating(anorexia, bulimia, etc.)					
Learning disability					
Alcoholism					
Chronic drunkenness					
Drug dependency					
Cerebral palsy					
Exposure to poisons or other chemicals					
Food sensitivities					

Any other characteristics or conditions that occur in the family of either parent (Please specify condition or characteristics and the relationship)

LIST ADDITIONAL COMMENTS BELOW OR ATTACH A STATEMENT

FOR COURT USE ONLY

RELEASE OF MEDICAL HISTORY

Adoption Agency/Agent _____ Date _____
 Court of Jurisdiction _____ Date _____
 Adoptive Parents _____ Date _____
 Adoptee _____ Date _____
 Bureau of Vital Statistics _____ Date _____

JUN 18 2012

NEBRASKA ADOPTION MEDICAL REPORT (Birth Father)

Section 5. Cultural History of Birth Father

What is the Father's Race? (May list more than one race) i.e. White, Black or African, Other

What is the Father's Ethnicity? (May list more than one origin i.e. French, German, Irish, Spanish/Hispanic/Latina)

What is the Father's Nationality? (City & State, Territory, or Foreign Country)

Is the Father American Indian or Alaska Native? (List name of enrolled or principal Tribe)

Father may include any additional Cultural History. (Social history, education achievements, personality and any other interest)

NEBRASKA ADOPTION MEDICAL HISTORY (BIRTH FATHER)

WE WISH TO COMPLETE A MEDICAL HISTORY FOR THE CHILD, IF POSSIBLE.
PLEASE COMPLETE ALL SECTIONS. IF THE BIRTH FATHER HAS PARENTS,
SIBLINGS, AUNT OR UNCLE WHO HAVE HAD OR NOW HAVE ANY OF THE CONDITIONS
LISTED IN SECTION 1, CHECK IN THE APPROPRIATE BOX.

WHEN LISTING INFORMATION ABOUT OTHER FAMILY MEMBERS, DO NOT ENTER
PROPER NAMES. LIST ONLY THE RELATIONSHIP SUCH AS UNCLE, AUNT, ETC.

IF ADDITIONAL SPACE IS NEEDED TO COMPLETE SECTION 1, ATTACH AN ADDITIONAL SHEET ON PAGES 4 AND 4-A OR

Section 1. Birth name of child _____
Place of birth _____
Father _____

Section 2. This form is completed by _____, whose
is _____
Date _____

Section 3. General Health of Child (Please explain, in brief, the present health)

JUN 18 2012

BIRTH FATHER

Section 4. Medical History
Health Condition

SELF

FAMILY

COMMENTS

Yes

No

Yes

No

If yes, specify which family member and indicate the date of onset, treatment, medication, etc.

DISEASES OF THE CIRCULATORY SYSTEM

Rheumatoid

Heart trouble

High or low blood pressure

Stroke

Heart attack (coronary)

Other (specify)

DISEASES OF THE RESPIRATORY SYSTEM

Sinusitis

Hay fever/other respiratory allergies

Asthma

Tuberculosis, emphysema

Chronic respiratory disease

Cystic fibrosis

Other (specify)

DISEASES OF THE DIGESTIVE SYSTEM

Stomach, liver or intestines

Gall bladder or gallstones

Other (specify)

DENTAL PROBLEMS

Orthodontia

DISEASES OF THE URINARY SYSTEM

Kidney or bladder disorder

Other (specify)

DISEASES OF THE SKIN

Eczema

Dermatitis

Other (specify)

MUSCLE DISORDERS

Muscular Dystrophy

Muscle weakness

Other (specify)

DISORDER OF THE CONNECTIVE TISSUE

Swollen joints

Arthritis

Bone deformity

Other (specify)

Open spine

Lupus

Other (specify)

DISEASES OF THE NERVOUS SYSTEM

111 2012

BIRTH FATHER

Section 4. Medical History
Health Condition

SELF
Yes No

FAMILY
Yes No

COMMENTS
If yes, specify which family member and indicate the date of onset, treatment, medication, etc.

Health Condition	SELF		FAMILY		COMMENTS
	Yes	No	Yes	No	
Measles					
Tetanus					
Seizure disorder					
Other psychiatric disorder					
DISORDER OF HEARING AND VISIONS					
Color blindness					
Hearing loss					
Night blindness					
Other (specify)					
DISEASES OF THE BLOOD					
Thalassemia					
Sickle cell anemia					
Anemia					
Hemophilia					
Bleeding disorder					
Other (specify)					
CANCERS					
Specify type and location, if known					
ENDOCRINE AND METABOLIC DISORDERS					
Diabetes					
Thyroid					
Phenylketonuria (PKU)					
Other hormone disorders					
Other (specify)					
BIRTH DEFECTS					
Club foot					
Heart defect					
Cleft lip or cleft palate					
Cerebral palsy					
Down syndrome					
Other deformities at birth					
Other (specify)					
INFECTIOUS DISEASES					
Sexually transmitted disease (e.g., syphilis, gonorrhea, HIV Carrier)					
Hepatitis					
MEASLES					
CONCEPTS					
Manic depressive					
Severe depression					
Suicide					
Other (specify)					

JUN 18 2012

BIRTH FATHER

Section 4. Medical History

Health

SELF

FAMILY

COMMENTS

Yes

No

Yes

No

If yes, specify which family member, the date of onset, treatment, medication, etc.

COMPLICATIONS DURING PREGNANCY/

CHILDREN

Premature

Stillbirths

Multiple births

Infant deaths and SIDS

OTHER MISCELLANEOUS DISORDERS

Speech

Eating (anorexia, bulimia, etc.)

Learning disability

Alcoholism

Chronic drunkenness

Drug dependency

Cerebral palsy

Exposure to poisons or other chemicals

Food sensitivities

Any other characteristics or conditions that occur in the relationship (Please specify condition or characteristics and the relationship)

LIST ADDITIONAL COMMENTS WITH A STATEMENT

FOR COURT USE ONLY

RELEASE OF MARRIAGE

Adoption Agency Date

Court of Jurisdiction Date

Adoptive Parent Date

Adoptive Parent Date

Adoptive Parent Date

JUN 18 2012

NEBRASKA ADOPTION MEDICAL REPORT (Birth Father)

Section 1: History of Birth Father

What is the Father's Race? (Select more than one race) i.e. White, Black or African, Other

What is the Father's Ethnicity? (Select more than one origin i.e. French, German, Hispanic/Latina)

What is the Father's Nationality? (City & State)

Is the Father American Indian or Alaska Native? (List Principal Tribe)

Father may include any additional Comments on history, education, personality and any other interest

MAR 10 2008

ATTACHMENT L

REVOCATION OF NONCONSENT BY BIOLOGICAL PARENT FOR RELEASE OF INFORMATION

Section 43-134, Revised Statutes, as amended: "At any time after signing the notice of nonconsent provided for in section 43-132, the parent or parents may revoke such notice. A form of revocation shall be provided by the ~~bureau~~ and shall take effect at the time of filing of the form with the ~~bureau~~" (Nebraska Department of Health and Human Services Finance and Support; ~~Department~~)

INFORMATION REGARDING PERSON COMPLETING FORM	INFORMATION REGARDING ADOPTED PERSON
Name _____	Name at birth _____
If different, name at time this person was born _____	Place of Birth _____
Relationship to adopted person _____	Date of Birth _____
	Sex _____

I hereby revoke the nonconsent form signed and filed with the ~~Bureau of Vital Statistics~~ Department

Signature _____

Typed or Printed Name _____

Street Address or Route Number _____

City _____ State _____ Zip Code _____

Telephone Number _____

Date Signed _____

Subscribed and sworn to before me this _____ day of _____.

Notary Public _____

Commission expires _____ Residing at _____

IMPORTANT NOTICE

You do not have to sign this form. If you do sign it, you are entitled to a copy of it. Your signature on this form means that ~~the Bureau of Vital Statistics~~ Department may disclose any information contained on the birth certificate of the adopted person following your death. If you sign this form and later decide you do not want this information released following your death and prior to the death of your spouse, if such spouse is not a biological parent, you may file another form for that purpose.

(Office)

FOR VITAL STATISTICS USE ONLY
Date received _____
By whom received _____

(Vital Records Management)

~~Bureau of Vital Statistics~~

~~Health and Human Services~~

P.O. Box 95065

Lincoln, Nebraska 68509-5065

Department of Health and Human Services Finance and Support

MAR 10 2003

ATTACHMENT L

DECLARATION OF NONCONSENT BY BIOLOGICAL PARENT FOR RELEASE OF INFORMATION

Revised Statutes, as amended: "At any time after signing this form for in section 43-132, the parent or parents may revoke this form and shall be provided by the bureau and shall take effect with the bureau." (Nebraska Department of Health and Human Services, Finance and Support;

INFORMATION FOR PERSON COMPLETING FORM	INFORMATION FOR BUREAU PERSON
Name _____	Name at birth _____
If different from name at time person was born _____	Place of birth _____
Relationship to adoptive parent _____	Date of birth _____
	Sex _____

I hereby revoke the nonconsent and file this form with the Department of Health and Human Services, Bureau of Vital Statistics.

Signature _____
 Typed or Printed Name _____
 Street Address _____
 Route Number _____
 City _____ Zip Code _____
 Telephone Number _____
 Date Signed _____

Subscribed and sworn to before me on _____

Commission expires _____

IMPORTANT NOTICE

You do not have to sign this form. If you do sign it, you are giving up your right to a copy of it. Your signature means that the Bureau of Vital Statistics will disclose any information on your birth certificate of the adoption to you or your death. If you sign this form, you are deciding you do not want this information following your death or the death of your spouse, if such spouse is your biological parent. you may sign this form for that purpose.

OFFICIAL USE ONLY

Received _____

(Vital Records)
 Bureau of Vital Statistics
 Health and Human Services
 P.O. Box 95065
 Lincoln, Nebraska 68509
 Department of Health and Human Services
 Services Finance and Support

MAR 10 2003

ATTACHMENT M

REVOCATION OF NONCONSENT BY BIOLOGICAL PARENT FOR RELEASE OF INFORMATION FOR ADOPTED PERSONS FOR WHOM RELINQUISHMENT OR CONSENT FOR ADOPTION WAS GIVEN ON OR AFTER SEPTEMBER 1, 1988

Section 43-146.08, Nebraska Revised Statutes, Supplement 1988. At any time after signing the notice of nonconsent provided for in section 11 of this act, the biological parent may revoke such notice. A form of revocation shall be provided by the ~~bureau~~ and shall take effect at the time of filing of the form with the ~~bureau~~. Department Nebraska Department of Health and Human Services Finance and Support)

I hereby revoke my nonconsent and permit any information pertaining to me on the adopted person's original birth certificate or on any other identifying information filed with the Bureau of Vital Statistics of the Department of Health of the State of Nebraska to be released to the adopted person.

Department INFORMATION REGARDING PERSON COMPLETING FORM	INFORMATION REGARDING ADOPTED PERSON
Name at time of this birth _____	Name at birth _____
_____	Sex _____ Date of birth _____
Present name _____	Place of birth _____ Nebraska (City or County)
Relationship to adopted person _____	Father _____ (Biological)
_____	Mother _____ (Biological)

I the undersigned do understand the effects and consequences of filing, or not filing, this revocation of nonconsent form.

Signature _____
 Typed or Printed Name _____
 Street Address or Route Number _____
 City _____ State _____ Zip Code _____
 Telephone Number _____
 Date Signed _____
 Subscribed and sworn to before me this _____ day of _____ 19 _____
 Notary Public _____
 Commission expires _____ Residing at _____

IMPORTANT NOTICE

You do not have to sign this form. If you do sign it, you are entitled to a copy of it. Your signature on this form means that the Bureau of Vital Statistics may at any time disclose any information contained on the original birth certificate of the adopted person.

FOR VITAL STATISTICS USE ONLY

Date received _____
 By whom received _____

(Vital Records Management)
 Bureau of Vital Statistics
 State Department of Health
 P.O. Box 95007 (P.O. Box 95065)
 Lincoln, Nebraska 68509-5007 (5065)

R-May 1991 (Rev. 2002)

Department of Health and Human Services Finance and C-62-R

MAR 10 2003

ATTACHMENT M

STATEMENT OF NONCONSENT BY BIOLOGICAL PARENT FOR RELEASE OF INFORMATION FOR ADOPTED PERSONS FOR WHOM RELINQUISHMENT OF PARENTAL RIGHTS AND ADOPTION WAS GIVEN ON OR AFTER SEPTEMBER 1, 1997

Section 48-1101, Nebraska Revised Statutes, Supplement 1988. At any time after the effective date of this act in section 11 of this act, the biological parent may revoke this form by filing a written statement with the Bureau of Vital Statistics, Nebraska Department of Health and Human Services, and I hereby permit and permit any information pertaining to the adopted person's original birth record and other identifying information filed with the Bureau of Vital Statistics of the State of Nebraska to be released to the adopted person.

INFORMATION REGARDING BIOLOGICAL PARENT	INFORMATION REGARDING ADOPTED PERSON
Name at time of this _____	Name _____
_____	Sex _____ Birth _____
Present name _____	_____ Nebraska
Relationship to adopted person _____	_____ (Biological)
_____	_____ (Biological)

I the undersigned do understand the effect of filing, or not filing, this revocation of nonconsent form.

Signature _____
 Typed or Printed Name _____
 Street Address of _____
 City _____ Zip Code _____
 Telephone _____
 Date Signed _____
 Subscriber _____
 Notarized _____
 County _____ Reside _____

IMPORTANT NOTICE

You are hereby notified that this form is a public document. If you do sign it, you are entitled to a copy of this form. The Bureau of Vital Statistics may at any time disclose any information on this certificate of the adopted person.

FOR OFFICIAL USE ONLY

(Vital Records Management)
Bureau of Vital Statistics
State Department of Health
P.O. Box 95007 (P.O. Box 95065)
Lincoln, Nebraska 68509-5007 (506)