



### Biological Parent's Consent and Contact Preference Form

SC Code of Laws 44-63-140 allows the biological parent to provide a contact preference and medical history form that may be provided to the adoptee after they reach the age of 18 along with a non-certified copy of the original birth certificate. The Contact Preference Form is considered a private communication from the biological parent to the adoptee and no copies of this form will be given to anyone other than the adoptee.

I am the: \_\_\_\_\_ Birth Mother \_\_\_\_\_ Father / Second Parent

- I consent to the release of the original birth certificate and all documents contained in the "sealed file."
- I do not consent to the release of the original birth certificate and all documents contained in the "sealed file."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### INFORMATION NECESSARY TO LOCATE THE ORIGINAL BIRTH CERTIFICATE

The information requested below must be stated exactly as it is on the original birth certificate or we will not be able to confirm that we have located the correct record. We will attempt to locate the original birth certificate by checking "sealed files" for children born on a particular day and place.

Please print legibly.

Name of Child (if named at birth): \_\_\_\_\_  
First Middle Last Suffix

Child's Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ City of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_

Name of mother/parent prior to first marriage: \_\_\_\_\_  
First Middle Last

#### STATE YOUR PREFERENCE ABOUT CONTACT WITH THE ADOPTEE

- I would like to be contacted.

Current Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

- I would prefer to be contacted only through an intermediary. (SC DPH does not serve as an intermediary.)

Current Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

- I prefer not to be contacted at this time. If I decide later that I would like to be contacted, I will submit an updated Contact Preference form to the State Registrar of Vital Statistics.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SC DEPARTMENT OF PUBLIC HEALTH**  
**Vital Statistics**  
**Biological Parent’s Consent and Contact Preference Form – 4020-ENG-DPH**

**PURPOSE:** In accordance with South Carolina Law 44-63-140, a form must be established to “allow for the biological parent to indicate contact preference and to consent to release of medical history” for sealed original birth certificates in cases of adoptions.

**AUDIENCE:** A biological parent requesting to specify their contact preferences in the sealed adoption file.

**INSTRUCTIONS:**

Instructions for completing each item are self-explanatory or embedded within the form. Applicants are instructed to complete each blank.

**ADDITIONAL INFORMATION:**

**Website** – Additional information can be obtained from the website <https://dph.sc.gov/public/vital-records> or by calling Vital Records at 1-803-898-3630.

**OFFICE MECHANICS AND FILING:** Completed forms will be placed within the sealed file and maintained per retention schedule HEC-VS-33R.