

WASHTENAW COUNTY TRIAL COURT  
ADOPTION UNIT

STATEMENT OF ADOPTIVE PARENTS' RECEIPT OF  
NON-IDENTIFYING INFORMATION

In the matter of:	Date of Birth:
<input type="checkbox"/> As a representative of: _____, _____ Child Placing Agency	
<input type="checkbox"/> As the attorney in the above named matter	

In compliance with Michigan Compiled Laws, section 710.27, on \_\_\_\_\_  
(Date)

I provided the prospective adoptive parents, \_\_\_\_\_,  
(Names of Prospective Adoptive Parents)

in the above named matter with a written document containing reasonably obtainable non-identifying information regarding the above named child and the child's birth family.

Print Name:	Date:
Signature:	
Name of Agency:	