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- Instructions:**
- 1) The statutory parent, child-placing agency or a person giving a child in adoption may use this form to provide information about the parents who are deceased or whose rights were terminated and adoptive parents of a minor child in an adoption proceeding.
 - 2) This form must be filed with (a) the petition for appointment of a statutory parent or petition for adoption, (b) a certified copy of the long-form birth certificate of the minor child, (c) documents in support of the representation that the child is free for adoption, including death certificates and/or certified decrees, and (d) Record of Adoption (Department of Public Health form, VS-51).
 - 3) Type or print in ink. **File in duplicate unless filed electronically.** Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name		District Number
In the Matter of (Full name and address)		Date of Birth of Minor Child
Hereinafter referred to as the minor child		Place of Birth of Minor Child
Proposed Name of Minor Child after Adoption	Name of Minor Child on Birth Certificate	

The subscriber of this document represents that the following information submitted in connection with the petition for approval of the Adoption Agreement concerning the minor child is true to the best of my knowledge and belief.

The child is free for adoption because the parental rights of the following parents have been terminated, or the parents are deceased:

Parent (Full name and address)	Parent's Date of Birth	Parent's Date of Death, if applicable

If applicable, parental rights were terminated on _____. Attach copy of court order or decree.

Parent (Full name and address, if applicable.)	Parent's Date of Birth	Parent's Date of Death, if applicable

If applicable, parental rights were terminated on _____. Attach copy of court order or decree.

Statutory Parent (Name, address, and telephone number of main or local office)	Date of Appointment	Court of Appointment
(Attach copy of court order or decree.)		

In the matter of		CONFIDENTIAL
Adoptive Parent (Full name, address, and telephone number)	Date of Birth	Relationship to Minor Child
Adoptive Parent (Full name, address, and telephone number)	Date of Birth	Relationship to Minor Child

Date and place of marriage of adopting parents, if applicable

The representations contained herein are made under penalty of false statement.

Signature of Subscriber
Title
Type or Print Name
Date