



Every child deserves a home.

REQUEST AND CONSENT FOR A MEDICAL HERITAGE SUMMARY

PLEASE CHECK:

- I request Children's Home Society of Virginia furnish a summary including only my medical history. I understand that the information compiled in this summary will be obtained from the record and thus the information may not be current or all-encompassing. Upon requesting this service, I understand that a non-refundable fee of \$50 is required.

Full legal name given by adoptive parents: _____

Date of birth: _____

Adoptive parents names: _____

Print current full legal name
(if not the same as above): _____

Current contact information:

Address	City	State	Zip
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Phone	Email Address
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Signature	Date
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NOTARY REQUIRED PRIOR TO SUBMITTING FORM:

STATE of _____

CITY/COUNTY of _____

Before me this day personally appeared, _____, who, being duly sworn, deposes and says that he/she executed the foregoing Request and Consent and acknowledged that he/she executed the same.

Notary Signature and Date

My Commission expires: _____