



Written Consent to Release Original Birth Certificate

Effective May 16, 2023, South Carolina Vital Records Law, Section 44-63-140 was amended to allow adult adoptees age 18 or older to obtain a copy of the adoptee's own original birth certificate along with any evidence of the adoption held with the original birth records if the biological parent has completed a form consenting to the release of the information.

PROCEDURES AND INSTRUCTIONS

- This form is intended to be notarized and signed by the biological parent(s) of the adoptee listed on the original birth certificate.
- In order to process the written consent:
 - Written consent must be signed in the presence of a notary public having official seal.
 - Written consent must be signed as outlined in enclosed instructions.
 - Written consent is not acceptable if erasures or alterations are made.

INFORMATION NECESSARY TO LOCATE THE ORIGINAL BIRTH CERTIFICATE

Please provide the state file number listed near the top of the current (post-adoptive) certificate to be unsealed. 139-____ - ____
(Four-digit year) (Six-digit number)

If you cannot locate the state file number, please fill out the information below. The information requested below must be stated exactly as it is on the original birth certificate. 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

BIRTH MOTHER:

I consent to the adoptee receiving a copy of the original birth certificate and any evidence of the adoption held with the original record.

Signature of mother: _____ Print name: _____

SWORN to and subscribed to before me this _____ day of _____, _____
(Signature of Notary Public) (AFFIX SEAL)

For State of _____ My Commission expires: _____

Identification presented by mother: _____
(Source) (Number)

FATHER/SECOND PARENT:

I consent to the adoptee receiving a copy of the original birth certificate and any evidence of the adoption held with the original record.

Signature of father/second parent: _____ Print name: _____

SWORN to and subscribed to before me this _____ day of _____, _____
(Signature of Notary Public) (AFFIX SEAL)

For State of _____ My Commission expires: _____

Identification presented by father/second parent: _____
(Source) (Number)

SC DEPARTMENT OF PUBLIC HEALTH
Vital Statistics
Written Consent to Release Original Birth Certificate – 4402-ENG-DPH

PURPOSE: In accordance with South Carolina Law 44-63-140, a biological parent can provide notarized written consent to release the original birth certificate.

AUDIENCE: A biological parent consenting to the release of the original birth certificate.

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.