

■ <Form 2> Consent of Adoptive Parents for Request for Disclosure of Adoption Information
(where the adoptee is under 18 years of age)

Consent of Adoptive Parents for Application for Disclosure of Adoption Information

* Please place a “√” mark in the applicable [] box.

Applicant (Adoptee)	Name		Gender	Male []	Female []
	Date of Birth				
Consenting Party (Adoptive Father)	Name				
	Contact Info	Mobile Phone Number:	-	-	
		Email Address:			
Consenting Party (Adoptive Mother)	Name				
	Contact Info	Mobile Phone Number:	-	-	
		Email Address:			

As the adoptive parents of the above applicant, I/We hereby consent, in accordance with Article 33 of the Special Act on Domestic Adoption, to the applicant’s application for disclosure of adoption information through the National Center for the Rights of the Child.

※ This consent form must include the handwritten signatures of both adoptive parents. Please scan and submit the signed document.

※ However, if only one adoptive parent exists, the consent of that single parent shall be deemed as the consent of both adoptive parents.

Date: 20____ Year ____ Month ____ Day

Adoptive Father: (Signature/Seal)

Adoptive Mother: Signature/Seal)

To the President of the National Center for the Rights of the Child