

Date:

Dear Name:

Birth Parent Full Name:

DOB:

Birth Child Full Name:

DOB:

☐ Our office received your request on **Date Received** for redaction of your identifying information from adoptee age 6 months or less TN sealed adoption records in accordance with the Tennessee law governing adoption records. Authority: T.C.A. § 36-1-127(e)(3); Section 13 of Public Chapter 1079 (1996); Public Chapter 1068 (1996); Public Chapter 1054 (1996), T.C.A. § 36-1-101 et seq.

☐ Our office received your request on **Date Received and acknowledges your** revocation of your request for redaction of your identifying information from adoptee age 6 months or less Tennessee sealed adoption records in accordance with the Tennessee law governing adoption records. Authority: T.C.A. § 36-1-127(e)(3); Section 13 of Public Chapter 1079 (1996); Public Chapter 1068 (1996); Public Chapter 1054 (1996), T.C.A. §§ 36-1-101 et seq.

Regards,
