

STATE OF WISCONSIN, CIRCUIT COURT, WASHINGTON COUNTY, PROBATE

IN THE MATTER OF THE ADOPTION OF:

**RECEIPT FOR MEDICAL AND  
GENETIC INFORMATION**

Case No: \_\_\_\_\_

I acknowledge that I have been provided with a copy of the above-named child's medical and/or genetic records as provided by Wisconsin Statutes 48.93(1g), 48.425(1)(am), 48.422(9) or 48.425(2).

\_\_\_\_\_  
Signature of Adoptive Parent

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

Distribution:

1. Original - Court