

FORM 137. STATEMENT OF ADOPTIVE PARENT EXPENSES

STATE OF VERMONT
 DISTRICT OF _____
 IN RE ADOPTION OF: _____

PROBATE COURT
 DOCKET NO: _____

Adoptive Parent Expenses 15A V.S.A. § 3-702				Child's Name:	
Name(s):					
Address:				Birthparents' Names (if known):	
Telephone #:					
Date	Name of Recipient	Address of Recipient	Purpose of Payment	TOTALS	

I/we swear and affirm that the expenses listed above are the only disbursements we have made in connection with the adoption of the child listed above.

Signed: _____ Date _____
 Adoptive Parent

Signed: _____ Date _____
 Adoptive Parent

Sworn before me on _____ in _____ in the County of _____, State of _____.

 Notary Public My commission expires on: _____