NOTICE OF FORM CHANGE NO. 14-136				DATE	
	#### 100			01/02/2015	
District Attorney			ROM: Forms Manageme	nt Unit	
Listed below is information r	egarding a form change.	Only applicable	information is shown.		
This notice updates your Ca	alifornia Department of So	ocial Services (C	CDSS) County Forms Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	E AD 67 (10/14) - Inform	nation About The	e Birth Mother		
RDER UNIT		ESTIMATED PRICE	≣	INITIAL SUPPLY SENT ☐ Yes ☒ No	
☐ New X Revised	DATE OF FORM 10/14	REPLACES 2/07		Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitted \(\)	With Prior DSS	Approval Recommende	ed Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		⊠ INTERN	☐ OTHER: ☑ INTERNET: ☐ INTRANET:		
	FORMS DISPOSIT	TION AND SPE	CIAL INSTRUCTIONS		
Use until exhausted		Destro	y		
USE NEW FORM When supply available	in DSS Warehouse 🔲 U	lse new form eff	ective		
USE FORM IN ACCORDANCE WITH All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FO		ish/ad67.PDF			
Camera-ready copies are c	urrently available on the C	CDSS Internet (an to		

 $Contact\ Language\ Services\ for\ other\ languages\ at\ (916)\ 651-8876\ or\ by\ e-mail\ at\ LTS@dss.ca.gov.$

Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.