

**COMPLETE THIS APPLICATION
AND RETURN TO:**

New York State Department of Health
Adoption Information Registry
P.O. Box 2602
Albany, NY 12220-2602

REGISTRY NUMBER _____
DATE _____

OFFICIAL USE ONLY

NOTE: This registration can be accepted only if the adoptee was born or adopted in New York State. **Complete as much information as possible and include a copy of adoptee's birth certificate and adoption order, if available.**

Please indicate if this registration is for: (check all that apply)

Non-identifying information (*) - Available general and medical information about biological parents at time of adoption.

Non-identifying Medical Information ()** - Updated medical information, if/when submitted by biological parents after the adoption.

Identifying information - Parents (*)** - About biological parents, if/when registered.

Identifying Information - Siblings (*)** - About biological siblings, if/when registered.

(*) Adoptee must be 18 years of age or older.

(**) No age restriction, but adoptive parent must sign this registration, if adoptee is under 18 years of age.

(***) Adoptee must be 18 years of age or older. Unless this box is checked, you will not be notified of a match even if your birth parents or biological siblings are registered.

Note: If the Adoption Registry determines that an agency was involved in your adoption, non-identifying and identifying information will be released to you by the agency.

PLEASE COMPLETE ALL INFORMATION. MISSING INFORMATION MAY DELAY PROCESSING.

1. Name and address of adoptee

CURRENT LAST	FIRST	MIDDLE	ADOPTED LAST NAME
MAILING ADDRESS		STREET	CITY/TOWN
STATE	ZIP CODE	()	TELEPHONE NUMBER

2. Date of birth of adoptee

_____ MM/DD/YYYY

3. Adoptive parents

A. MOTHER/PARENT: CURRENT LAST FIRST MIDDLE BIRTH LAST (if different)

B. FATHER/PARENT: CURRENT LAST FIRST MIDDLE BIRTH LAST (if different)

C. ADDRESS AT TIME OF ADOPTION, if known STREET CITY/TOWN

STATE ZIP CODE

4. Place of birth of adoptee

HOSPITAL, if known

CITY, TOWN OR VILLAGE

COUNTY/BOROUGH

5. Indicate the name of the agency and court of adoption, if known

A. NAME OF AGENCY _____

CITY, TOWN OR VILLAGE _____

COUNTY/BOROUGH _____

Check box if you have already received non-identifying information from adoption agency.

Date received: _____
MM/DD/YYYY

B. NAME OF COURT _____

C. DATE OF ADOPTION: MM/DD/YYYY _____

6. Is the adoptee in contact with birth brother(s) and/or sister(s)?

YES NO If yes, please provide the following information for each sibling with whom adoptee is in contact.

	NAME	DATE OF BIRTH	ADDRESS (include zip code)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

7. Signature and Notarization.

State of _____ }
County of _____ } SS.

I solemnly attest that all of the information provided on this application is true and accurate to the best of my knowledge under the penalty of perjury.

SIGNATURE OF REGISTRANT
Signature must be notarized

NOTE: Adoptive Parent must sign if the adoptee is under 18 years of age. Notarization must include Notary's stamp or raised seal.

Sworn to before me this _____ Day

Of _____, _____.

Notary Public