New York State
Department of Health

# Adoption Information Registry
# Biological Sibling Registration Form

**COMPLETE THIS APPLICATION AND RETURN TO:**

New York State Department of Health
Adoption Information Registry
P.O. Box 2602
Albany, New York 12220-2602
(518)474-9600

REGISTRY NUMBER ____________________
DATE ____________________

**OFFICIAL USE ONLY**

**NOTE:** This registration can be accepted only if the adoptee was **born** and **adopted** in New York State. **Complete as much information as possible and include a copy of your birth certificate listing your parent's names.**

If the Adoption Registry determines that an agency was involved in the adoption, information will be released to you by the agency.
☐ Check box, if you do not want the information released by the agency that handled the adoption. If the box is checked, the New York State Department of Health will obtain the information from the agency and share it with you.

## 1. Information about you, i.e., the person registering

LAST FIRST MIDDLE MAIDEN

MAILING ADDRESS STREET CITY/TOWN

STATE ZIP CODE

( ) TELEPHONE NUMBER

**Date of birth** MONTH DAY YEAR

EMAIL ADDRESS

**Place of birth** CITY STATE

**Parents**

MOTHER: LAST FIRST MIDDLE MAIDEN

FATHER: LAST FIRST MIDDLE

## 2. Information about adoptee

LAST FIRST MIDDLE

**Date of birth** MONTH DAY YEAR

**Place of birth of adoptee** CITY STATE

**Birth parents**

MOTHER: LAST FIRST MIDDLE MAIDEN

FATHER: LAST FIRST MIDDLE

## 3. Name of the agency and court of adoption, if known

A. NAME OF AGENCY

CITY, TOWN OR VILLAGE COUNTY/BOROUGH

| MONTH | DAY | YEAR |
|---|---|---|
| | | |

B. NAME OF COURT

C. DATE OF ADOPTION

## 4. Information about birth brother (s) and/or sister (s) with whom you are in contact

| **NAME** | **DATE OF BIRTH** | **ADDRESS** (include zip code) |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |

## 5. Please specify how you are related to the adoptee, i.e., name of common birth parent, etc.

## 6. Enter other information about the adoptee, the birth parents, or the adoption to help locate adoptee's records

## 7. Signature and Notarization

**State of ______________________________ )**
**SS**
**County of ____________________________ )**

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.

SWORN TO BEFORE ME THIS

__________ day of __________________, 20 ___

SIGNATURE OF REGISTRANT
Signature must be notarized

Notary Public

**Note: Notarization must include Notary's stamp or raised seal.**