

**New York State
Department of Health**

**Adoption Information Registry
Birth Parent Registration Form**

**COMPLETE THIS APPLICATION
AND RETURN TO:**

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

REGISTRY NUMBER _____
DATE _____

OFFICIAL USE ONLY

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

- Register for identifying information (Adoptee must be 18 years of age or older)
 Submit medical information diagnosed after the adoption (No age restriction)

Medical information must be submitted on medical care provider's letterhead and include: medical care provider's name, address, telephone number, and signature.

1. Name and address of birth mother

LAST FIRST MIDDLE MAIDEN

CURRENT MAILING ADDRESS STREET CITY/TOWN

STATE ZIP CODE ()
CURRENT TELEPHONE NUMBER

BIRTH MOTHER'S DATE OF BIRTH

MONTH	DAY	YEAR

2. Were you married at the time of the child's birth? YES NO

IF YES, NAME OF HUSBAND _____

3. List any other name you may have been using at the time of the child's birth, (i.e., former married name, assumed name, alias, etc.)

4. Name and address of birth father

LAST FIRST MIDDLE

MONTH	DAY	YEAR

BIRTH FATHER'S DATE OF BIRTH

CURRENT MAILING ADDRESS STREET CITY/TOWN

STATE ZIP CODE ()
CURRENT TELEPHONE NUMBER

5. Name given to child at birth

LAST

FIRST

MIDDLE

6. Date of birth of child

MONTH	DAY	YEAR

Time of birth

_____ : _____

AM
 PM

7. Sex of child Female Male

8. Place of birth of child

HOSPITAL (if not hospital, give street address)

NAME OF PHYSICIAN

CITY, TOWN OR VILLAGE

COUNTY/BOROUGH

9. Name of agency where child was placed for adoption Check, if private placement

NAME OF AGENCY

NAME OF CASE WORKER

CITY, TOWN OR VILLAGE

COUNTY/BOROUGH

10. Indicate name of Court, if known

A. _____
NAME OF COURT

MONTH	DAY	YEAR

B. _____
DATE OF ADOPTION

11. 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 _____

Notary Public

SIGNATURE OF BIRTH PARENT
Signature must be notarized

NOTE: Notorization must include Notary's stamp or raised seal.