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

**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.

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

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<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>MAIDEN</th>
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**MAILING ADDRESS**  
STREET  
CITY/TOWN  
STATE  
ZIP CODE  
TELEPHONE NUMBER

**Date of birth**  
MONTH  
DAY  
YEAR

**EMAIL ADDRESS**

**Place of birth**  
CITY  
STATE

**Parents**

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<tr>
<th>MOTHER:</th>
<th>LAST</th>
<th>FIRST</th>
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### 2. Information about adoptee

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**Date of birth**  
MONTH  
DAY  
YEAR

**Place of birth of adoptee**  
CITY  
STATE

**Birth parents**

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

A. NAME OF AGENCY


CITY, TOWN OR VILLAGE

COUNTY/BOROUGH


B. NAME OF COURT


C. DATE OF ADOPTION


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

<table>
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<tr>
<th>NAME</th>
<th>DATE OF BIRTH</th>
<th>ADDRESS (include zip code)</th>
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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 ______________________________ )

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__

_______________________________________________
Notary Public

SIGNATURE OF REGISTRANT
Signature must be notarized

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