

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

ADULT ADOPTEE
BIRTH CERTIFICATE REQUEST FOR INFORMATION

Instructions: Requestor will complete all information in the box below.

Requestor	FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
	ADDRESS:		DATE OF REQUEST: / /
	Requestor is: The Adult Adopted Person <input type="checkbox"/> or Another Specified Person <input type="checkbox"/> (specify):		

Adoptee	FIRST NAME:	MIDDLE INITIAL:	CURRENT LAST NAME:
	ADDRESS:		DATE OF REQUEST: / /
	ANY OTHER NAMES (IF AVAILABLE):		DATE OF BIRTH: / /
	ADDITIONAL INFORMATION (IF AVAILABLE):		

Instructions: After a review of agency files, the authorized agency official will complete all information below (items 1A-11D), based on the information contained in the agency files. If no information is available, the authorized agency official will complete that box in item 11D.

Infant	1A. FIRST NAME:		MIDDLE INITIAL:	CURRENT LAST NAME:		
	2A. DATE OF BIRTH: / /	2B. HOUR BORN: <input type="checkbox"/> AM <input type="checkbox"/> PM	3. SEX:	4A. BIRTH IS: <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Other (specify)	4B. IF NOT A SINGLE BIRTH, BIRTH, ORDER IS: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other (specify)	
	5. PLACE OF BIRTH:		6A. FACILITY NAME (Address if Place of Birth is Other than Hospital/Birthing Center):			
	6B. LOCALITY OF BIRTH:			6C. COUNTY OF BIRTH:		

Mother	7A-1. FIRST NAME:		MIDDLE INITIAL:	CURRENT LAST NAME:		
	7A-2. LAST NAME ON BIRTH CERTIFICATE:		7B. DATE OF BIRTH: / /	7C. CITY AND STATE OF BIRTH: (Country, if not U.S.A.):		
	8A. RESIDENCE, STATE (Country, if not U.S.A.):			8B. COUNTY: (Terr. or Prov., if not U.S.A.):		
	8C. LOCALITY:				8D. INSIDE CITY/VILLAGE LIMIT	
	8E. STREET AND NUMBER OF RESIDENCE:					8F. ZIP CODE:
	8G. MAILING ADDRESS:					8H. ZIP CODE:

Father	9A-1. FIRST NAME:		MIDDLE INITIAL:	CURRENT LAST NAME:	
	9A-2. LAST NAME ON BIRTH CERTIFICATE:		9B. DATE OF BIRTH: / /	9C. CITY AND STATE OF BIRTH: (Country, if not U.S.A.):	

Attendant	10A. NAME OF CERTIFIER, IF NOT ATTENDANT:	TITLE:	10A-1. STATE LICENSE NUMBER (Certifier):
	10B. ATTENDANT'S NAME:	TITLE:	10B-1 STATE LICENSE NUMBER (Attendant):

Agency	11A. AGENCY NAME:		
	11B. AGENCY ADDRESS:		
	11C. NAME OF AGENCY OFFICIAL COMPLETING THE FORM:		
	11D. <input type="checkbox"/> Upon review of the agency files, I certify that the above stated information concerning this child is true to the best of my knowledge and belief. <input type="checkbox"/> Upon review of the agency files, no information is available.		
	Signature: ►		11D-1. DATE (MM/DD/YYYY): / /