New Jersey Department of Health Vital Statistics and Registry PO Box 370 Trenton, NJ 08625-0370

NEW RECORDS SYSTEM FOR BIRTH PARENTS REDACTION REQUEST



For adoptions finalized before August 1, 2015, a birth parent may maintain continued privacy by directing the State Registrar to redact his or her personal identifying information from his or her biological child's original birth certificate prior to release to an authorized applicant. Birth parents must make this request on or before December 31, 2016 to ensure their privacy will be maintained.

ORIGINAL BIRTH CERTIFICATE INFORMATION

Please provide complete and accurate information. While the Department will diligently search its files for an adoption record that matches your request, it does not warrant, promise or guarantee that it will be able to locate an adoption record that matches the information you provide in your request. CHILD'S INFORMATION Child's FIRST Name on Child's Original Birth Certificate: Child's MIDDLE Name on Child's Original Birth Certificate: Child's LAST Name on Child's Original Birth Certificate: Suffix: Child's Date of Birth: ☐ Actual ☐ Estimate Sex: Male ☐ Female Country of Birth: State of Birth: County of Birth: Municipality of Birth: **MOTHER'S INFORMATION** Mother's FIRST Name on Child's Original Birth Certificate: Mother's MIDDLE Name on Child's Original Birth Certificate: Mother's LAST Name on Child's Original Birth Certificate: Mother's Date of Birth: **FATHER'S INFORMATION** Father's FIRST Name on Child's Original Birth Certificate: Father's MIDDLE Name on Child's Original Birth Certificate: Father's LAST Name on Child's Original Birth Certificate:

Father's Date of Birth:

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BIRTH PARENT INF	ORMATION							
	arent information req our privacy at this tin		for process	ing purpo	oses and wi	II not be rele	eased to a requester if	
Birth Parent's Cui	rrent First Name:							
Birth Parent's Cui								
Birth Parent's Cui	rrent Last Name:							
Birth Parent's Dat	te of Birth:							
Phone 1:				Home	☐ Mobile	☐ Work		
Phone 2:				Home	☐ Mobile	☐ Work		
Phone 3:				Home	☐ Mobile	☐ Work		
Email Address:					7			
Mailing Address:								
					Ī			
City:		State	e:		Zip:			
request that the id redacted.	dentifying information o						a birth mother may not nation relating to her be	
	lationship to Child:			DIDTLLE	ATUED			
BIRTH MOTHER			Ш	☐ BIRTH FATHER Check (✓) the items to be redacted:				
Check (✓) the items to be redacted: ☐ Mother's Maiden Name				Father's Name				
☐ Mother's Maidel Name				☐ Father's Date of Birth				
☐ Mother's Date of Birth				☐ Father's Birthplace				
☐ Mother's Birthplace				☐ Father's Residency Address (Street, Municipality,				
☐ Mother's Residency Address (Street, Municipality, County, State and Zip)			Coun	ry, State and Zip) r's Mailing Address (Street/PO Box,				
☐ Mother's Municipalit				funicipality, County, State and Zip)				
supplying is correc		derstand that if I	falsely rep				e, the information I am of the adoptee on this	
Signature of Birth Pa	rent:					Date:		
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