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

B. NAME OF COURT

MONTH DAY YEAR

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 ___

_____
Notary Public

_____
SIGNATURE OF REGISTRANT
Signature must be notarized

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